



# Oregon State Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

800 NE Oregon St, Suite 150 • Portland, OR 97232

## **No. 510: New Drug Outlet Conduct Rules**

Many pharmacists may remember the Oregon State Board of Pharmacy's Working Conditions Survey that was conducted in July 2011. The survey was provided electronically to 4,813 Oregon-licensed pharmacists and the Board received 1,401 responses for a response rate of 29%. Remarkably, pharmacists who responded to the survey provided over 500 written comments. The Board has posted the survey results on its Web site at [www.oregon.gov/pharmacy/Imports/OBOP-Pharmacy\\_Working\\_Conditions\\_Survey\\_Results11.11.pdf](http://www.oregon.gov/pharmacy/Imports/OBOP-Pharmacy_Working_Conditions_Survey_Results11.11.pdf).

Earlier this year, in response to information received by the survey, the Board adopted new rules addressing the operation of pharmacies to ensure patient safety. Following is a summary of the significant provisions of OAR 855-041-0016:

1. Prohibits advertising or soliciting that may jeopardize patient health, safety, or welfare;
2. Prohibits advertising that is false, fraudulent, deceptive, or misleading;
3. Prohibits the outlet from incenting or inducing the transfer of a prescription absent professional rationale;
4. Requires the outlet to provide sufficient personnel to prevent fatigue, distractions, or conditions that interfere with a pharmacist's ability to practice safely;
5. Requires the outlet to provide opportunities for uninterrupted rest periods and meal breaks;
6. Requires the outlet to provide adequate time for a pharmacist to complete professional duties and responsibilities; and
7. Prohibits introduction of external factors such as productivity quotas or programs such as time limits that interfere with the pharmacist's ability to provide appropriate professional services.

This list is provided only as a summary. The complete text of the rule can be found on the Board's Web site at [www.oregon.gov/pharmacy/pages/laws\\_rules.aspx#2012\\_RULE\\_CHANGES](http://www.oregon.gov/pharmacy/pages/laws_rules.aspx#2012_RULE_CHANGES).

## **No. 511: Comment Re: August 2012 Newsletter Article No. 509: Veterinary Prescriptions**

*By Terry Crowder, RPh, PhD. Dr Crowder is a practicing community pharmacist for Wal-Mart in Salem, OR, with experience in veterinary pharmacy.*

As community pharmacists increasingly dispense both human and traditional veterinary prescription products for animals it is impor-

tant that we have the education necessary to best serve our animal patients. For instance, we should know that most cats need prednisolone and not prednisone, that dogs really do require 250 mcg or 500 mcg doses of levothyroxine (not 0.025 or 0.050 mcg), that horses require hyaluronic acid for joint injections (not hyaluronidase), and that many veterinarians tell feline owners to use Lantus® for up to six months when stored in the refrigerator (based upon veterinary studies). Further, we need to know that "s.i.d." means once daily.

Many of us did not receive veterinary pharmacy education when in school, so it is important that we discover this education on our own or encourage our employers to provide access to continuing education. As a suggestion, the education should not only cover the medications used in veterinary pharmacy, but should also consider the perspectives of veterinary practice, legal implications for dispensing to animals, and information regarding how we as pharmacists can best provide support to animal owners and veterinarians. It is also important to consider having good reference material handy. My personal favorite is *Plumb's Veterinary Drug Handbook* as it contains the contributions from many members of the Society of Veterinary Hospital Pharmacists.

Finally, please encourage both animal owners and veterinarians to submit medication errors or product issues to Food and Drug Administration (FDA) using Form 1932a. If a medication error has resulted in an adverse drug event (ADE), the veterinarian or animal owner is encouraged to submit a report to the drug or product sponsor, which in turn will report the event to FDA via electronic submission. All names and other identifying information within the ADE reports are confidential. For more information about ADE reporting for industry and veterinarians/consumers, please see the FDA Web site at [www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/default.htm](http://www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/default.htm).

## **No. 512: Fifty-Year Pharmacists**

The Board of Pharmacy is pleased to acknowledge the pharmacists who have been licensed in Oregon for 50 years. The Board recognizes their many years of service and contributions to the profession and to the health and well-being of the citizens of Oregon. These distinguished individuals should be proud of their accomplishments and they deserve the recognition and acknowledgement of their profession. Following is a list of pharmacists who reached this milestone in 2011 and 2012.

Dean D. Schrunk	April 13, 1961	Scio, OR
Mickey E. Simonson	April 13, 1961	Vancouver, WA
Gary D. Woodson	April 13, 1961	Superior, MT
Leonard Burda	July 13, 1961	Portland, OR

*continued on page 4*



## 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 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.<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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George R. Clayton	August 9, 1961	Eugene, OR
Leonard T. Sigell	December 18, 1961	Palm Desert, CA
James L. Pullen	June 28, 1962	Milwaukie, OR
John M. Thompson	July 12, 1962	Portland, OR
Edward L. Holland	November 28, 1962	Salem, OR

This information comes from the Board's electronic database system. If you see errors or know of any person missing from this list, please contact the Board.

### **No. 513: Antibiotics: Will They Work When We Really Need Them?**

By Tamara Petersen, MPH. Ms Peterson is program manager for the Oregon Alliance Working for Antibiotic Resistance Education (AWARE)

#### **Scope of the Problem**

Today, infections with antibiotic-resistant bacteria have become increasingly common in health care and community settings. Many bacteria have now become resistant to more than one type or class of antibiotic and widespread overuse and inappropriate use of antibiotics is fueling resistance that compromises the effectiveness of important patient treatments. Overuse of antibiotics also increases the problems of drug side effects, allergic reactions, diarrheal infections caused by *Clostridium difficile*, or even death.

#### **Why We Must Act Now**

- ◆ The way we use antibiotics today or in one patient directly impacts how effective they will be tomorrow or in another patient; they are a shared resource.
- ◆ Antibiotic resistance is not just a problem for the person with the infection. Some resistant bacteria have the potential to spread to others – promoting antibiotic-resistant infections.
- ◆ Since it will be many years before new antibiotics are available to treat some resistant infections, we need to improve the use of antibiotics that are currently available.

#### **What Can Pharmacists Do?**

##### *Advise the Public*

- ◆ Because patients often get advice from their pharmacist before making physicians' appointments, pharmacists should be familiar with treatment guidelines.
- ◆ If a patient wants an antibiotic for the common cold or a sore throat, pharmacists can educate patients on treating

the symptoms of those conditions with over-the-counter medicines instead.

- ◆ Pharmacists can educate patients on the importance of using antibiotics only when necessary and to follow instructions precisely in order to help prevent antibiotic-resistant infections. Counsel patients on when antibiotics are not necessary, that taking unnecessary antibiotics can do more harm than good, and not to press physicians for a prescription.
- ◆ Community pharmacists can alert patients to the possible adverse effects of antibiotics, including nausea, diarrhea, stomach pain, possible allergic reactions, and vaginal yeast infections.

#### **Embrace Antibiotic Stewardship**

- ◆ Hospital pharmacists can work with stewardship physicians to get recommendations across and to make decisions about program priorities. There are many pharmacists who are not used to doing interventions and communicating directly with physicians, but the field needs to move in this direction.
- ◆ Recognize and participate in Get Smart About Antibiotics Week, November 12-18, 2012, an international collaboration that coincides with Canada's Antibiotic Awareness Week and European Antibiotic Awareness Day. For more information about the week, visit <http://public.health.oregon.gov/PREVENTIONWELLNESS/SAFELIVING/ANTIBIOTICRESISTANCE/Pages/getsmartweek.aspx>.

For more information, please contact us at AWARE:

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E-mail: [oregon.aware@state.or.us](mailto:oregon.aware@state.or.us)

Web: [www.healthoregon.org/antibiotics](http://www.healthoregon.org/antibiotics)

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The *Oregon State Board of Pharmacy News* is published by the Oregon 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.

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