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South Dakota State Board of Pharmacy News

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New Registered Pharmacists

The following candidates recently met licensure requirements and were registered as pharmacists in South Dakota: Sooyoung Yoon; Renee Gregorich; Lisa Viehweg; Terrance Adams; Tally Start; Judy Trong; Xia Yin; Keith Carlson; Jeremiah Bertschinger; Robin Beranek; Judy Wheelersburg; Archana Nath; Stephen Syverson, Jun Ma; Cheryl Namtvedt; Timothy Sass; Hillary Leonard; Juanita Bonner; Jeffrey Moy; Enkhtuul Natsagdorj; and Jessica Hopper.

NABP/AACP District 5 Meeting

The District 5 National Association of Boards of Pharmacy® (NABP®)/American Association of Colleges of Pharmacy (AACP) meeting will be hosted by South Dakota this year. The meeting will be held in Deadwood, SD, on August 14-16. The South Dakota State Board of Pharmacy, in conjunction with the South Dakota State University College of Pharmacy, is planning an exciting event, and hopes many of you can attend. District 5 representation consists of colleges and boards from South Dakota, North Dakota, Minnesota, Iowa, Nebraska, Manitoba, and Saskatchewan. Registration information can be found at *https://www.nodakpharmacy.com/DistrictV/.*

Technician and Certification Clarification

There is a misconception that the Board administers the national technician certification examinations. This is false. The two agencies that administer these exams are the **Pharmacy Technician Certification Board** and the **Institute for the Certification of Pharmacy Technicians** (ICPT). The examination that ICPT administers is referred to as the Exam for the Certification of Pharmacy Technicians. These two accrediting bodies administer the examinations that are accepted by the National Commission for Certifying Agencies (NCCA) as well as the state of South Dakota. Technicians seeking national certification will need to contact these agencies directly to complete their applications with one or the other agency as well as fulfill any pre-requisites required by the agency in order to sit for the exam.

Once the requirements with either NCCA-approved agency have been fulfilled, the agency will contact Pearson VUE, who will then issue an Authorization to Test code to the candidate, much like the process for pharmacist candidates wishing to schedule times to sit for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). After passing the examinations, the Board asks the technician to present the Board staff with a copy of his or her certificate so the Board can indicate his or her status as nationally certified in its database.

Continuing Education (CE): Once the technician has achieved national certification, he or she will be required **to obtain 20 hours of CE every other year in order to renew his or her certificate.** Many technicians are of the opinion they need to turn in this CE to the Board office. This is false. They need to report their CE hours to the accrediting body that has issued their national certification in order to renew their certificate.

Q. Once a technician begins employment, how long does he or she have to get certified?

A. A technician hired after July 1, 2011, will have until July 1, 2014, to achieve national certification. If this is not accomplished by the time his or her technician registration expires on October 30, the technician will not be re-registered as a technician. The Board will register the individual as a technician-in-training and he or she will have a maximum of two years to achieve national certification by passing an exam approved by the NCAA, per Administrative Rule South Dakota (ARSD) 20:51:29:03 and 20:51:29:06.

Q. Does a technician need to be certified prior to hiring now?

A. No, however, he or she will have until July 1, 2014, to achieve national certification (unlikely). Therefore, refer to the response above.

Q. Can someone under the age of 18 work as a technician?

A. Currently, yes. However, as of July 1, 2014, all candidates for technicians or technicians-in-training will need to present to the Board evidence of a high school graduation or of a general educational development certificate, per ARSD 20:51:29:03.

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New Educational Video for Pharmacists Addresses Prescription Drug Abuse

The National Association of Boards of Pharmacy® (NABP®) and the Anti-Diversion Industry Working Group (ADIWG), a consortium of pharmaceutical manufacturers and distributors of controlled substances (CS), have released an educational video for pharmacists to help them identify the warning signs of prescription drug abuse and diversion when dispensing CS prescriptions. The video, entitled "Red Flags," encourages pharmacists to help combat this national problem by exercising their professional judgment to ensure that the prescriptions they dispense were written for a legitimate medical purpose, and to act upon any unusual behavior they observe.

Drug Enforcement Administration and various state pharmacy boards have described "red flags" as circumstances surrounding the presentation of a CS prescription that should raise reasonable suspicion about the validity of that prescription. The video highlights a number of these potential warning signs, some of which are not easy to spot, by weaving personal narratives with interactions between pharmacists and customers.

The video is available in the Pharmacists section of the AWAR$_X$E® Prescription Drug Safety website at *www.AWARERX.ORG/pharmacists*.

Root Causes: A Roadmap to Action

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Error Reporting Program Report online at* www.ismp.org. *E-mail: ismpinfo@ismp.org.*

Errors are almost never caused by the failure of a **single** element in the system. More often, there are **multiple** underlying system failures that lead to an error, many of which can be identified when the involved health care providers take the time to uncover them.

Consider the following error: A doctor sent a hand-written order for car**bam**azepine 400 mg twice daily for an adult patient with a history of seizures.

The pharmacist entered the medication into the profile of a four-year-old child with the same last name as the adult patient for whom the medication had been prescribed.

The pharmacist failed to notice that the patient was a child, as age was not in a prominent location on the order entry screen. The nurse failed to recognize that the dose was too high and administered 400 mg of car**bam**azepine to the child. She also never thought to question why the pharmacy would send oral tablets for a four-year-old child, considering that the drug is available in chewable tablets and as a liquid suspension.

The nurse **assumed** that the child was receiving the medication because he had a history of seizures. However, the nurse did not check the patient's medical record. In fact, the child did **not** have a history of seizures.

The parents had a very limited understanding of English, so they were unable to intervene to correct the erroneous seizure history.

The error was finally detected after the child became lethargic and developed nausea and vomiting. At the time of discovery, the child's car**bam**azepine level was 18 mcg/mL; levels greater than 12 in pediatric patients are supratherapeutic.[i]

It may be discouraging to see how many things go wrong when a medication error reaches a patient. However, a thorough root cause analysis (RCA) can uncover the latent failures and produce an action plan to avoid future errors.

ISMP, through a generous grant from the National Association of Boards of Pharmacy Foundation™, has developed the *Root Cause Analysis Workbook for Community/Ambulatory Pharmacy.* The workbook is designed to assist community pharmacy personnel in completing RCA for a sentinel event that may have occurred in their pharmacy. The RCA workbook uses a specific set of steps and associated tools to identify the primary causes of the **sentinel event.**

The goal of the RCA is to create an action plan framework, including risk-reduction strategies, communication and implementation strategies, and measurement of effectiveness.

RCA for **sentinel events** is required in the Center for Pharmacy Practice Accreditation's standards developed by NABP, American Pharmacists Association, and American Society of Health-System Pharmacists Association, as well as by several boards of pharmacy in conjunction with their continuous quality improvement regulations.

This ISMP RCA workbook is suitable for use in community pharmacy, mail-order pharmacy, or other ambulatory pharmacy practice settings that need to investigate a **sentinel event.** For more information and to access the **free** workbook, visit *www.ismp.org/tools/rca/.*

[i] *http://pediatrics.aappublications.org/content/113/2/406.abstract*

FDA Withdraws Approval of Some High Dose Acetaminophen Products

Food and Drug Administration (FDA) is withdrawing approval of 108 abbreviated new drug applications (ANDAs) for prescription combination drug products containing more than 325 mg of acetaminophen per dosage unit. For the 108 ANDAs, the manufacturers asked to withdraw their applications, as announced in the March 27, 2014 *Federal Register* notice. A second *Federal Register* notice addresses the applications of six manufacturers who have discontinued marketing their products, but who have not withdrawn their applications. The notice also announces FDA's intention to begin the process of withdrawing approval of those applications.

In light of these announcements, and to protect patients from inadvertent acetaminophen overdose, NABP advises that pharmacies no longer dispense combination drugs containing more than 325 mg of acetaminophen per dosage unit. NABP also advises that pharmacists consult with prescribers to discuss alternative products with lower acetaminophen doses.

FDA asked manufacturers to voluntarily withdraw these products from the market to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. In January 2014, FDA recommended that providers consider prescribing acetaminophen products containing 325 mg or less per dose. The original announcement may be found in the Drug Safety and Availability section of FDA's website at *www.fda.gov/Drugs/DrugSafety*.

NCPDP Recommends Standardized Metric Measurements on Oral Liquid Medication Labels

The National Council for Prescription Drug Programs (NCPDP) has issued new recommendations and guidance for standardizing the dosing designation used on prescription container labels of oral liquid medications dispensed by community pharmacies in order to reduce dosing errors. NCPDP notes that such errors have been "a source of concern for many years," and that dosing errors involving young children are of particular concern because they may be more susceptible to harm from measurement errors and overdoses. The paper outlines the following recommendations for the dosing designation on prescription container labels for oral liquid medications:

- The millimeter (mL) should be used as a standard unit of measurement.
- Dose amounts should always use leading zeros before decimal points for amounts less than one and should not use trailing zeros after a decimal point.
- Dosing devices with numeric graduations and units corresponding to the container label should be made easily and universally available. For example, a device should be included with each dispensed medication.

The white paper was developed following a meeting with stakeholders representing 27 participants, including NABP. In addition to its general recommendations, the white paper also issued calls to action for relevant stakeholders, including government agencies, standards organizations, pharmacists and pharmacy technicians, pharmacy leadership, and health care associations. The white paper, *NCPDP Recommendations and Guidance for Standardizing the Dosing Designations on Prescription Container Labels of Oral Liquid Medications,* is available for download from the NCPDP website at *http://ncpdp.org/Education/Whitepaper*.

USP Proposes New General Chapter Addressing Compounding of Hazardous Drugs

In an effort to protect health care providers and personnel who handle hazardous drugs, United States Pharmacopeial Convention (USP) has proposed new General Chapter <800> Hazardous Drugs–Handling in Healthcare Settings. The new proposed chapter addresses standards that apply to all personnel who compound hazardous drug preparations and all places where hazardous drugs are prepared, stored, transported, and administered. The new chapter also covers standards for receiving, storing, compounding, dispensing, administering, and disposing of nonsterile and sterile products and preparations. The proposed chapter applies to all personnel who are involved in handling hazardous drugs, including health care providers and staff, occupational health and safety specialists, and human resources. General Chapter <800> was published in the May/June issue of *Pharmacopeial Forum,* and may currently be viewed on the USP website at *www.usp.org/usp-nf*. Comments will be accepted until July 31, 2014.

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Q. If someone is a clerk, does he or she need to be a registered technician?

A. No. He or she can be registered as support personnel as defined by ARSD 20:51:22 and follow these rules. It is imperative that the pharmacy manager have job titles and specifications spelled out for the clerk so his or her classification is clear.

Q. Does a certification go from one state to another?

A. Yes. National certification is transferable to all states that require this accreditation (much like the NAPLEX). However, registration is traditionally not transferable between states (much like the MPJE).

Q. If a certificate expires (for example, on March 31) and I get recertified, what is the procedure? How much time do I have to get recertified once a certificate has expired?

A. The individual would need to check with the agency that issued the national certification to ascertain what the requirements are to reinstate his or her national certification. However, in South Dakota, if the national certificate or registration has lapsed for a period of one year or more, the individual must meet the requirements in effect at the time he or she applies for reinstatement or registration, per ARSD 20:51:29:03.

Q. I am not currently working as a pharmacy technician, but would like to become registered with the Board and then seek employment. Is this permissible?

A. No. Technicians or technicians-in-training, either employed in a pharmacy or enrolled in a college/vocational program, must have the signature of the pharmacist-in-charge of the pharmacy or the college/vocational program administrator on the application of the individual, per ARSD 20:51:29:14.

Q. What is the difference between "certification" and "registration?"

A. Certification is achieved through national accrediting agencies such as those previously indicated. Registration is unique to the state board in which the technician is employed or seeking employment.

Board Meeting Dates

Please check the Board's website for the times, locations, and agenda for future Board meetings.

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