



# Vermont Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

Vermont Secretary of State, Office of Professional Regulation, Board of Pharmacy  
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## **Vermont Board of Pharmacy Executive Officer**

Secretary of State Jim Condos and the Vermont Board of Pharmacy are pleased to announce the appointment of Ronald J. Klein, RPh, as executive officer of the Board of Pharmacy. As executive officer, Mr Klein will be responsible for the day-to-day operations of the Board and will also serve as a resource person for pharmacists and practitioners with prescribing authority throughout the state. Mr Klein will assist the Board in acting efficiently, consistently, and impartially in the public interest to pursue and achieve optimal standards of pharmacy practice through communication, education, legislation, licensing, and enforcement.

Following Secretary Condos' request after discussions with the Board of Pharmacy, this new position was authorized by Governor Peter Shumlin to assist in addressing the growing problems of drug abuse and diversion of controlled substances as serious public health issues. Governor Shumlin, Secretary Condos, and the Board of Pharmacy are committed to effectively and efficiently administering and enforcing the laws governing the legal distribution of drugs and the practice of pharmacy. The purpose of these laws is to ensure the quality and safety of drugs administered or dispensed to Vermont's citizens; the competency of persons licensed to practice pharmacy in Vermont; and to prevent the diversion of drugs of abuse from the legal channels of distribution for illegal purposes.

Mr Klein comes to Montpelier, VT, from Montana, where he has served as executive director of the Montana Board of Pharmacy for the past five years. Prior to that, Mr Klein was an inspector and chief inspector for the Nebraska Board of Pharmacy for 19 years. During his tenure with the Montana Board, the Board updated numerous rules, repealed outdated or obsolete rules, advised the legislature on revisions to the Pharmacy Practice Act,

established the clinical pharmacist practitioner program, established limited service pharmacies, established the cancer drug repository program, modernized the pharmacy inspection process, and worked on legislative passage and implementation of a prescription drug registry.

Mr Klein is a graduate of the Creighton University School of Pharmacy, Omaha, NE. After graduation he completed residency in Hospital Pharmacy at Mercy Hospital and Medical Center, Rockville Centre, NY. He also earned a master of science in pharmacy administration from St John's University, New York. Mr Klein is a member of the American Society of Health-System Pharmacists; Rho Chi Society, a pharmacy honor society; and Kappa Psi Pharmaceutical Fraternity. He also serves on the executive committee of the National Association of State Controlled Substances Authorities, and is a member of the National Association of Boards of Pharmacy® where he is a Multistate Pharmacy Jurisprudence Examination® item writer and reviewer, and also served as chairperson of the Task Force on Drug Return and Reuse Programs. Mr Klein has also served as pharmacist-in-charge of both hospital and community pharmacies.

Mr Klein is a currently licensed pharmacist in Montana, Nebraska, Illinois, and Texas. At this time, he is completing the process for licensure as a Vermont pharmacist.

The Board of Pharmacy is located within the Office of Professional Regulation, a division of the Secretary of State's Office responsible for the licensing and discipline of 45 professions and 55,000 licensees.

## **The Role of the Vermont Board of Pharmacy**

The Vermont Board of Pharmacy is an agency created by the legislature and is responsible for the protection of public health and safety as it relates to pharmaceuticals

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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 pharmacist reads the warning, bypasses it, and dispenses the medication as entered. The patient receives an overdose of the medication and dies.

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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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Compliance News to a particular state or jurisdiction should not be assumed. Compliance News is not intended to constitute an offer of legal advice or to constitute the law of such state or jurisdiction.)



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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and pharmaceutical distribution. It is the responsibility of the Board of Pharmacy to regulate the practice of pharmacy in this state.

The Board of Pharmacy is responsible for enforcing the statutes and regulations that govern the practice of pharmacy. These statutes and regulations may be accessed at <http://vtprofessionals.org/opr1/pharmacists/>.

Among other things, it is the responsibility of the Board to set minimum standards for the practice of pharmacy including equipment necessary in and for a pharmacy; the purity of drugs and devices by use of official compendia; specifications for the facilities, environment, supplies, technical equipment, personnel, and procedures for the storage, compounding, or dispensing of drugs and devices; monitoring drug therapy; and the integrity and confidentiality of prescription information and other patient records.

The Vermont Board of Pharmacy cannot change statutes adopted by the Vermont State Legislature; however, the Board is empowered to adopt regulations to implement and clarify statutes. The Board is also empowered to adopt legal standards of practice. Rules promulgation, regulatory adoption, and changes are a public process.

The Vermont Board of Pharmacy is not a membership organization of pharmacists and pharmacy technicians responsible for protecting and/or promoting the profession of pharmacy. The Board of Pharmacy does regulate the scope of pharmacy practice; however, it does not regulate conditions of employment such as hiring, firing, and discipline imposed by an employer.

### **‘Office Use’ Prescriptions**

A recent question to the Board office asked whether an “office use” prescription is valid. The answer is no. Medications prescribed must be dispensed to a patient. When medication is sent from a pharmacy to a practitioner for administration, the transfer is actually a distribution.

The transfer of prescription medication is permitted from one registrant (pharmacy) to another registrant (pharmacy) or licensee (practitioner). Such transfer must be documented by use of an invoice record. The invoice record should have the name, strength, form of the medication, the name and address of both the seller and purchaser, and the date of sale. This invoice record should be kept with other invoice records.

If the medication being transferred is a controlled substance (CS), there are additional invoice requirements. The invoice record must also include the Drug Enforcement Administration (DEA) numbers of both the seller and the purchaser.

If the medication is a Schedule II CS, the purchaser must provide a DEA Form 222 to the seller before the transfer is completed.

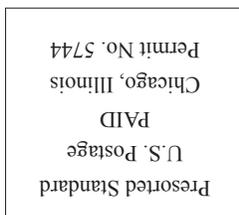
Sales of both non-CS and CS to other registrants and practitioners should not exceed 5% of total sales during any consecutive 12-month period.

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