



Wyoming State Board of Pharmacy

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E-Prescribing: The Good, the Bad, and the Ugly

By Erin Nemec, PharmD candidate

At least 25% of all medication-related injuries are preventable, and at least 1.5 million preventable adverse drug events occur each year in the United States.¹ E-prescribing use by prescribers and pharmacists was expected to improve the safety, quality, and efficiency of patient care. Electronic prescribing systems have been used to decrease inappropriate medication use as well as polypharmacy, specifically in the geriatric population. E-prescribing of prescriptions, along with computerized physician order entry, has helped to minimize the need to call physicians due to legibility on prescriptions and physician orders. However, did e-prescribing just replace some issues with others?

Many pharmacists have said that e-prescribing brings its own set of issues that result in calling the physician's office several times a day. E-prescriptions auto-populate the fields that can be missed when prescriptions are entered. This allows for errors in the directions or even the drug itself. Also, the patient's profile is not necessarily visible when the e-prescription comes through. A special effort must be taken to review the profile. "Pharmacists must intervene on electronic prescriptions as often as they do on handwritten prescriptions because this technology still poses threats to both medication safety and effectiveness . . . e-prescription error rates are not lower than prescription error rates reported before the electronic era."² However, while the overall error rate may not be lower, the serious error rate has decreased.³ If the error rate due to e-prescriptions could be lowered, it would have a dramatic effect on the reduction of overall medication errors. How can providers help to minimize medication errors due to electronic prescribing?

Providers need to take time and double check the medication order before sending it to the pharmacy. Pharmacists and pharmacy technicians should be diligent about looking at the patient profile when any prescription arrives at the pharmacy. Has the patient been on this medication before? Has the medication strength or the directions changed? "Techniques such as reporting near-miss errors can be used to identify systems errors and are indicative of the error types that reach patients."² Each pharmacy should have a protocol in place about how to report errors and near-miss errors. This record should be reviewed often. Is the same problem happening again and again? A continual quality improvement process should be undertaken to review the problems, make a plan, and then implement the plan, to reduce the medication errors from

occurring. This plan should be reviewed and changed as needed.

Finally, establish and maintain a strong provider-patient relationship. The patient should be empowered as a partner in his or her care, and should know and act on patients' rights. Use the time during counseling of prescriptions for meaningful communication about the safe and effective use of medications. Counseling is the last check before the patient receives the medication and is a great way to gain that provider-patient relationship.

1. Aspden P, Wolcott J, Bootman JL, Cronenwett LR eds. Preventing medication errors: quality chasm series. Institute of Medicine. Washington DC: National Academies Press. 2007.
2. Hincapie AL, Warholak TL. Electronic prescribing errors: do they exist? JAPhA. 2012; 52(3):302-3.
3. Westbrook JI, Reckmann M, Li L, Runciman WB, Burke R, Lo C, et al. Effects of two commercial electronic prescribing systems on prescribing error rates in hospital in-patients: a before and after study. PLoS Med. 2012; 9(1): e 1001164. Doi:10.1371/journal.pmed.1001164.

License Renewals and Continuing Education Audits

Renewal notices were sent to pharmacists and pharmacy technicians in early November 2012. All licenses expire as of midnight on December 31, 2012, at which time a late fee will be added. Pharmacists-in-charge need to be checking the licensure status of pharmacists and pharmacy technicians to ensure that no unlicensed person is performing pharmacy functions. Pharmacists should renew their preceptor and immunization registrations online at the same time they renew their licensure. Many pharmacies require the renewals to be completed before the end of December. No continuing education (CE) certificates are to be mailed in at this time. A random audit will be conducted in February 2013, and certificates will be asked for by mail for those chosen in the audit. Licensees are reminded to visit www.MyCPEmonitor.net to create their National Association of Boards of Pharmacy® e-Profile, and register for CPE Monitor™ prior to completing Accreditation Council for Pharmacy Education (ACPE)-accredited CE credit. Your e-Profile will allow you to track and monitor your ACPE-accredited CE credit. Wyoming Pharmacy Act Rules, Chapter 10, describes pharmacy technician-approved providers, and Rules, Chapter 6, describes approved providers for pharmacist continuing professional education. The Wyoming State Board of Pharmacy has held licensees accountable if they do not have the correct number of hours.



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



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.

2012 Inspection Findings

By Richard Burton, Inspector/Compliance Officer

Sterile compounding rules were approved in 2009 and fully implemented as of January 1, 2012, under Chapter 17, Rules and Regulations, Wyoming Pharmacy Act. The Board inspectors were busy this year making multiple visits to new and remodeled sites. Overall, the Board inspectors are pleased with the progress that has been made. The physical environment findings showed that not all new or remodeled sterile compounding areas were fully compliant with Chapter 17, which is based on the United States Pharmacopeia Chapter 797 regulations. Findings included lights and vents in the ante-room not caulked on outer seams, lights not recessed into the ceiling, and air flow not being correctly regulated. Besides the physical environment, there were gaps in having written quality assurance programs, incomplete documentation of media fill testing for employees, and lack of documentation of competency skills for sterile compounding personnel.

Other findings during routine annual inspections requiring follow-up from the pharmacies include controlled substance issues such as controlled substance invoices not signed and dated, invoices for Schedule II items not kept separate from invoices of other schedules, perpetual inventories not clearly documented during reconciliation, perpetual inventories not reconciled every three months, a backlog of Schedule II prescriptions to be entered into the perpetual inventory, incomplete Drug Enforcement Administration (DEA) 222 forms, and DEA licenses not posted or in public view. Rules, Chapter 4 and Chapter 6, of the Wyoming Controlled Substances Act should be reviewed.

Licensing issues continue to be a problem including pharmacist and pharmacy technician licenses not posted, expired immunization permits or preceptor licenses, technicians-in-training who failed to apply for a pharmacy technician license after passing the Pharmacy Technician Certification Board Examination, and pharmacies not licensed in the state where prescriptions are being mailed. The Board has held accountable those who fail to have current licenses. A letter was mailed to all pharmacists-in-charge in November asking for assistance with licensing problems. Everyone is encouraged to access the Board Web site at <http://pharmacyboard.state.wy.us> to check on licensure status. You can contact the Board at 307/634-9636 or BOP@wyo.gov.

General practice of pharmacy findings during 2012 inspections include lack of documentation of competency skills for nonsterile compounding as required by Chapter 13, no beyond use dating on

compounded products, using the manufacturer expiration date on pre-packaging rather than the dating required in Chapter 2, Section 11, and selling a nonresident pharmacy's compounded product.

Pre-Populated Prescription Refill Notices

DEA has recently interpreted the legality of the practice of pharmacies who send reminder letters to prescribers when prescriptions for controlled substances have run out of refills. The guidance stated “. . . a pharmacy may not initiate a reminder letter to a prescribing practitioner that provides a partially or fully pre-populated form for the prescribing practitioner because the practitioner has not yet made the determination, in the usual course of professional practice, that there is a legitimate medical purpose for the prescription.” The letters are permissible and can provide the prescriber with the patient's name, the drug name, and other relevant prescribing information. However, the letter cannot pre-populate any of the fields in the actual prescription to be transmitted to the pharmacy.

Disciplinary Actions

Note: All fines are payable to the county treasurer where the action occurred for the credit of the public school fund in that county pursuant to Wyoming Statute §33-24-113(f).

S.L. Pharmacy Technician License #2101T. Administrative penalty of \$500 for working as a pharmacy technician-in-training with an expired permit.

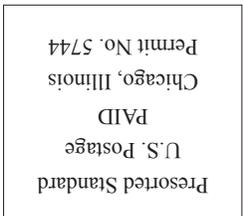
Retail Pharmacy License #R1006. Administrative penalty of \$500 for allowing a person who is not licensed by the Board to perform duties as a pharmacy technician-in-training. Also required to provide a written policy regarding licensure of technicians.

G.P. Pharmacist License #2502. License suspended due to obtaining Schedule II controlled substances by fraudulent means. Administrative penalty of \$3,500.

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