Fifty-Year Pharmacists

The Alabama State Board of Pharmacy wishes to congratulate the following Alabama pharmacists that have completed 50 years in the practice of pharmacy. Thank you for your service and dedication to the pharmacy profession.

Annette McClendon Waites	Martha Smeraglia Pitts
Charles Elbert Prickett	Stanley Aaron Sheppard
Reese C. Dismukes, Jr	Peyton Lamar Passons, Jr
Fred R. Brown, Jr	Peggy Goodwin Vaughn
William Harvey Traylor	Curtis Samuel Florence
Donald Ray Venz	Earl Howard Moore
Cecil Ray Vincent	Thomas Newton Wilbanks
Murray Edward Cape	Ernest A. Maury
Richard Anthony Cuny	Joe C. Murray
Joseph Oral Dean, Jr	Charles Arthur Cavanaugh
Wayne Morgan Dykes	Don Ennis Hogan
Clifton Earl Files	Clyde Theaston Freeman, Jr
Joel Eugene Leigh, Jr	Robert Jones Formby, Jr
Robert Thomas Mallory	Ronald T. Rasco
Gerald Eugene Mastin	John Moreland Owen, Jr
Robert Earl Sheldt	Lyndell Ray Brewis

September 2012 DEA Update – Pre-Populating (Faxed) Authorization Forms for Prescribers Not Allowed

The Drug Enforcement Administration (DEA) ruling relates to faxing refill requests and indicates that pharmacies "may not provide a partially or fully pre-populated form for the prescribing practitioner for controlled substance prescriptions." This applies to pre-printed forms used by both retail and long-term care pharmacies to remind prescribers that a patient is out of refills on certain controlled substance prescriptions. DEA has stated that a pharmacist cannot send a reminder letter that provides a partially or fully pre-populated form for the prescriber or prepare a prescription for signature because the pharmacist is not an agent of the prescriber. Any reminder letters cannot look like a prescription. Pharmacies need to work with their software vendor to ensure that these forms are in full compliance with DEA rules.

2013-2014 Renewals and Continuing Education

All pharmacists, pharmacies, retail medical oxygen suppliers, and manufacturers/wholesalers/distributors are required to renew their license/permit and controlled substances permit this calendar year. Pharmacists will only need to provide the total number of continuing education (CE) hours completed in calendar years 2011 and 2012, but a post-renewal audit will be conducted. Pharmacists shall complete 15 hours of CE every year as a condition of licensure renewal. CE may be completed by either attendance or by distance-based program, video, or by publication; however, a pharmacist must complete at least three hours of live CE through attendance at a course(s) each calendar year. A pharmacist may carry over and receive credit for 12 hours of CE in the succeeding calendar year.

All licenses/permits were due on October 31, 2012, and shall become null and void on December 31, 2012.

New Board Rule

680-X-2-.41 PHARMACY SERVICES PERMITS

(1) The Board may issue on a case by case basis a Pharmacy Service Permit for the limited purpose of allowing pharmacists and pharmacy technicians to provide pharmacy services to patients and clients. Nothing in this rule shall limit the board's ability to issue any Pharmacy Service Permit the Board deems appropriate.

(2) The Board has determined that, at a minimum, the holder of a Pharmacy Service Permit must designate a Supervising Pharmacist, on site, who is responsible for ensuring that the processes and compliance standards are maintained within limits set by the Board for the permit holder.

(3) Nothing in this rule restricts the Board from setting pharmacist and technician ratios.

(4) The following items pertain to a permit issued for a customer care call center services for incoming patient calls.

(a) The following functions are not authorized under this permit

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

liance News to a particular state or jurisdiction should not be assumed
ng the law of such state or jurisdiction.)

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 Evaluation[SM]. 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.*

1. Consulting patients on medication issues,
2. Correcting a medication error,
3. Generating a prescription, or
4. The marketing of prescription drug products or services.
5. Receiving prescription.

History: Adopted: September 26, 2012; Effective November 1, 2012.

Alabama Controlled Substances List

The State Committee of Public Health approved the scheduling of the anesthetic propofol to Schedule IV of the Alabama Controlled Substances List.

Propofol has an appropriate medical usage to sedate people quickly for surgeries, but its potential for misuse led to the scheduling of this fast-acting drug. The new scheduling became effective August 27, 2012.

Sale of Ephedrine, Etc

It shall be unlawful for any person, business, or entity to knowingly sell any ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers unless sold from a pharmacy licensed by the Board. These products sold within a pharmacy must be sold by an individual licensed as a pharmacist, a pharmacy technician licensed by the Board, or by an employee of the pharmacy under the direct supervision and control of a licensed pharmacist. **Code of Alabama** 1976, §20-2-190(c)(1). No person shall deliver, sell, or purchase products sold over-the-counter that contain a combined total of more than 3.6 grams per calendar day or more than 7.5 grams per 30 days, of ephedrine base or pseudoephedrine base. **Code of Alabama** 1976, §20-2-190(4). Purchaser of the product or products to be at least 18 years of age, to provide a valid, unsuspended driver's license or non-driver identification card issued by this state, a valid, unsuspended driver's license or nondriver identification card issued by another state, a United States Uniformed Services Privilege and Identification Card, or a US or foreign passport. **Code of Alabama** 1976, §20-2-190(5)a.

CPE Monitor Service

With the electronic transmission of continuing pharmacy education (CPE) data now live, the National Association of Boards of Pharmacy® (NABP®) CPE Monitor™ service is fully operational. All Accredita-tion Council for Pharmacy Education (ACPE)-accredited providers will have until the end of 2012 to implement systems to CPE Monitor.

As additional ACPE-accredited providers transition their systems, pharmacists and pharmacy technicians will be able to begin viewing their CPE contact hours online through their NABP e-Profile.

Pharmacists and technicians, visit *MyCPEmonitor.net* to set up your NABP e-Profile and register for CPE Monitor. Failure to set up an e-Profile or inaccuracies in an e-Profile may result in unrecorded or mis-recorded CPE, with possible adverse consequences for licensees/registrants when renewing their licenses/registrations.

Information Regarding Disposal of Controlled Substances

DEA regulations do not allow a registrant to accept controlled substances from anyone except a registrant. DEA regulations also do not allow a registrant to destroy medications in any manner except by a reverse distributor.

Reminder

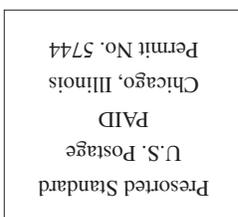Please notify the Board, in writing, of any change of address or employment.

Do You Know a Pharmacist or Technician Who Needs Help?

Call the Alabama State Board of Pharmacy Wellness Program help-line at 205/981-2273 or 251/866-5585. The Board Wellness Program e-mail address is bopwellness@gmail.com. All communications are confidential.