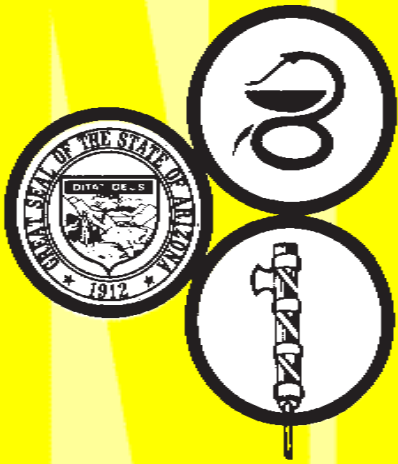


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Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Arizona Requirements for Counseling on Outpatient Prescriptions

Recent discussions with pharmacy personnel during consumer complaint conferences at Arizona State Board of Pharmacy meetings have made the Board members aware of the need to remind all practitioners of the prescription counseling requirements in Arizona. The Board has decided to utilize this *Newsletter* to remind all readers that a pharmacist, or an intern who is acting under the supervision of a pharmacist, **shall** provide oral consultation about a prescription medication whenever it is dispensed to a patient or patient's caregiver in **any** outpatient setting, including when it is dispensed to a patient who is being discharged from a hospital. The oral consultation is **required** whenever the following occurs:

1. The prescription medication has not been previously dispensed to the patient in the same strength or dosage form or with the same directions;
2. The pharmacist, through the exercise of professional judgment, determines that oral consultation is warranted; or
3. The patient or patient's caregiver requests oral consultation.

Oral consultation **shall** include:

1. Reviewing the name and strength of a prescription medication or name of a prescription-only device and the labeled indication of use for the prescription medication or prescription-only device;
2. Reviewing the prescription's directions for use;
3. Reviewing the route of administration; and
4. Providing oral information regarding special instructions and written information regarding side effects, procedure for missed doses, or storage requirements.

When a pharmacist, through the exercise of professional judgment, determines that oral counseling is not beneficial to the patient at a particular point in time or if circumstance(s) preclude it, oral consultation **may** be omitted if the pharmacist or intern:

1. **Personally** provides written information to the patient or patient's caregiver that summarizes the information that would normally be orally communicated;
2. Documents, or assumes responsibility to document, both the circumstance and reason for not providing oral consultation by a method approved by the Board or its designee; and
3. Offers the patient or patient's caregiver the opportunity to communicate with a pharmacist or intern at a later time and provides a method for the patient or patient's caregiver to contact a pharmacist or intern at the pharmacy.

The pharmacist or intern under the supervision of a pharmacist, through the exercise of professional judgment, **may** provide oral consultation that includes:

1. Common severe adverse effects, interactions, or therapeutic contraindications, and the action required if they occur;
2. Techniques of self-monitoring drug therapy;
3. The duration of the drug therapy; and
4. Prescription refill information.

Nothing in the regulation requires a pharmacist or intern to provide oral consultation if a patient or patient's caregiver refuses the consultation. Using a method approved by the Board or its designee, a pharmacist or intern **shall** document, or assume responsibility to document, whether oral consultation is or is not provided. When documenting oral consultation the requirements for the pharmacist or intern are to:

1. Document, or assume responsibility to document, that oral consultation is provided; or
2. When a patient refuses oral consultation or a person other than the patient or patient's caregiver picks up a prescription and oral consultation is not provided, document, or assume responsibility to document, that oral consultation is not provided; or
3. When a pharmacist or intern determines to omit oral consultation the pharmacist or intern **shall** document, or assume responsibility to document, both the circumstance and reason that oral consultation was not provided; and
4. Document, or assume responsibility to document, the name, initials, or identification code of the pharmacist or intern who did or did not provide oral consultation.

*It is important for all readers to note that pharmacy technicians are not cited in these rules! Technicians may **not** accept the refusal of oral counseling from a patient or caregiver. Technicians, other authorized personnel, or a process approved by the Board or its designee may be utilized by a pharmacist or intern only to **document** the refusal. No one but a pharmacist or intern acting under the supervision of a pharmacist may accept a refusal of oral counseling from a patient or caregiver!*

At a recent continuing pharmacy education session during the National Association of Boards of Pharmacy® 2008 Symposium in Tucson, representatives from the American Medical Association as well as several consumer organizations unanimously charged that pharmacist counseling in pharmacies was either not being done at all or was a very limited practice in pharmacies in the United States. This public perception (and perhaps the reality) is very disturbing and needs to be addressed. Pharmacist counseling has been demonstrated to prevent prescription errors and to improve patient outcomes.



FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through www.fda.gov/healthprofessionals.

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at www.fda.gov/consumer/default.htm.

Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with USP and FDA in analyzing 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 recommendations for prevention of reported errors that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Edition by visiting www.ismp.org. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

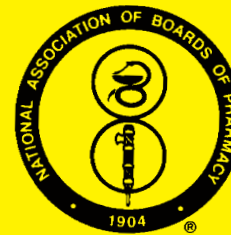
Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

	LORAZEPAM 0.5MG TABLET
Sig:	1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at www.ismp.org/Tools.



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

FDA Launches Web Sites on Promotion of Medical Products

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The "Advertising Prescription Drugs and Medical Devices" Web site provides a "one-stop shop" portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at www.fda.gov/oc/promotion/.

The direct-to-consumer Web site, "Be Smart about Prescription Drug Advertising: A Guide for Consumers" is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient's understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at www.ethicad.org.

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at www.fda.gov/cder/ethicad/index.htm.

FPGEE Returns to Computer-based Format

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at www.nabp.net.

Updated 2009 Survey of Pharmacy Law Now Available

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, "Issuance of Initial Pharmacist Licensure," asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at www.nabp.net and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

Disciplinary Actions

Notice: Before making a prescription-dispensing or other decision pursuant to information in this issue, you are encouraged to verify the current condition of a license with the appropriate licensing agency (Board).

Disciplinary Actions – Board of Pharmacy (Actions Since the October 2008 Newsletter)

Pharmacy Technicians

Canaya, Rosalie (5700) – Termination of suspension, probation imposed. Effective November 12, 2008.

Jacobs, Sheena (9815) – License Revoked. Effective November 12, 2008.

Provo, Brandee (9151) – License conditionally reinstated. Effective November 12, 2008. Consent for five years probation, inform employers of previous license status and bring Pharmacy Technician Certification Board certification current. Failure to agree results in license remaining revoked.

Waters, Jeanie (11460) – License Revoked. Effective November 12, 2008.

Pharmacy Interns

Trotta-Gunderson, Caryn (5768) – Probation terminated. Effective November 12, 2008.

Pharmacists

Albert, Rory (6403) – Probation terminated. Effective November 12, 2008.

Broksas, Marta (5879) – Probation terminated. Effective November 12, 2008.

Castaneda, Thomas (6020) – Suspension terminated. Probation (four to four-and-a-half years) imposed. Effective November 12, 2008.

Duffy, P. Sean (11511) – \$500 civil penalty for practicing on expired license and failure to renew license. Effective November 18, 2008.

Grabowski-Chenoweth, Deborah (10764) – \$3,000 civil penalty for dispensing unauthorized scripts and reimbursement for costs of Board hearing. Effective November 18, 2008.

Kadari, Anil (15436) – \$1,000 civil penalty and six hours of continuing education on prescription errors, for prescription error. Effective November 18, 2008.

McDowell, Douglas (6268) – Voluntarily surrender of license due to violation of Pharmacists Assisting Pharmacists of Arizona (PAPA) contract.

Pillon, Richard (6697) – Probation terminated. Effective November 12, 2008.

Shah, Prakash (13768) – \$6,000 civil penalty, one-year probation, retake and pass Multistate Pharmacy Jurisprudence Examination® for unauthorized dispensing. Effective November 18, 2008.

Voss, Todd (12949) – \$500 civil penalty and eight hours of continuing education on prescription errors for prescription error. Effective November 18, 2008.

Walden, Josh (14299) – License reinstated. Probation imposed for remaining length of PAPA contract. Effective September 10, 2008.

Disciplinary Actions – Other Boards

Arizona Osteopathic Medical Board (DO)

McKay, Stephen (DO 3941) – Respondent censured and placed on probation for five years with set terms and conditions. Effective October 3, 2008.

Arizona Board of Medicine (MD/PA)

Agarwal, Sudhir P. (MD 17587) – Request for license inactivation with cause and order inactivating license with cause. Effective November 20, 2008.

Bryan, Bruce J. (MD 20232) – License suspended. Respondent issued a Letter of Reprimand. Respondent placed on Probation for two years. Effective October 9, 2008.

Copeland, Duan (MD 35699) – *Interim Consent Agreement* – Respondent shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until Respondent applies to the Board and receives permission to do so. Effective October 30, 2008.

Elliott, Robert M. (MD 20769) – License surrendered to the Board. Effective October 9, 2008.

Hilding, Ronald F. (MD 6043) – License revoked. Effective November 14, 2008.

Lundell, Dwight C. (MD 6960) – License revoked. Effective November 14, 2008.

Marshall, Augustin E. (PA-C 3234) – License surrendered to the Board. Effective November 12, 2008.

Mangam, Heather (MD 27458) – Non-disciplinary – Physician's practice is limited in that she shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment including prescription medications until Physician applies to the Board and receives permission to do so. Effective October 23, 2008.

Morgan, John C. (MD 25871) – *Interim Consent Agreement* – Respondent shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until Respondent applies to the Board and receives permission to do so. Effective October 30, 2008.

Qureshi, Mohammad Z. (MD 8269) – Respondent placed on Probation. Respondent's practice limited in that he shall not perform pain management related injection therapies. Effective October 9, 2008.

Ramirez, Alfredo C. (MD 12694) – *Order Vacating Interim Consent Agreement for Practice Limitation Dated July 2, 2008*. Effective October 27, 2008.

Randhawa, Gurcharan (MD 22036) – *Interim Consent Agreement* – Non-disciplinary – Physician's practice is limited in that he shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until applying for and receiving Board approval. Effective October 24, 2008.

Rubin, Phillip J. (MD 7824) – Request for license inactivation with cause and order inactivating license with cause. Effective October 31, 2008.

Stump, Edwin D. (MD 33601) – License surrendered to the Board. Effective October 9, 2008.

Taitague, Gerald Joseph (MD 26182) – *Interim Consent Agreement* – Respondent shall not prescribe controlled substances until Respondent applies to the Board and receives permission to do so. Effective October 27, 2008.

Trentalange, Mark J. (MD 29601) – *Interim Consent Agreement* – Non-disciplinary – Physician's practice is limited in that he shall not practice clinical medicine or any medicine involving direct patient care and is prohibited from prescribing any form of treatment including prescription medications until applying for and receiving Board approval. Effective October 6, 2008.

January 2009

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