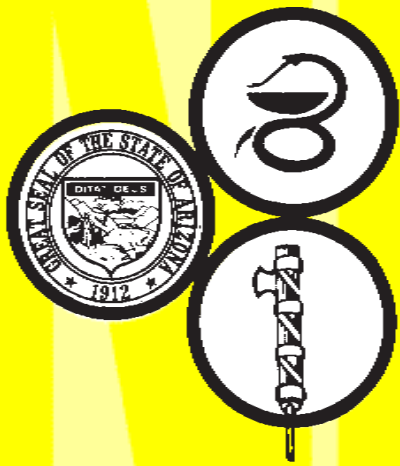


April 2009



# Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

## Important Notice: New Fees Effective March 7, 2009

Recent Arizona State Board of Pharmacy newsletters have detailed the size of the current and projected Arizona State budget deficits and the negative impact on state agencies large and small. The Board of Pharmacy fund sweeps (in excess of \$3 million so far) by the legislature in fiscal years 2008 and 2009 coupled with potential fund sweeps in fiscal year 2010 may still result in layoffs of compliance (investigative) and/or administrative staff resulting in a devastating impact on the Board's mission of protecting the public health and safety. We have determined that simply cutting expenses is not enough and have endeavored to identify additional sources of revenue. Since many of the Board's fees were lower than Arizona statutes allow and most had not been raised since 2002, a rules change was initiated that resulted in raising a majority of the fees charged by the Board for various licenses and permits. Since most fees are prorated monthly, when fees are able to be evenly divisible by 12 (months), the fees were raised to that amount rather than the highest amount allowed in order that most prorated fees result in even dollar amounts. This will save expenses by reducing the time both in house and contract employees spend collecting and reconciling change in the office before deposits are made with the treasurer's office. The economic impact statement accompanying the rule change written by Dean Wright, estimates that the fees increases will raise approximately \$228,000 in additional revenue annually. Using data from the National Association of Boards of Pharmacy® *Survey of Pharmacy Law*, it has been estimated that the increases will only result in fees in Arizona that are in the top third of the fees charged by the other US states and territories.

The new fees are listed below:

- ◆ **Pharmacy Technician Trainee New Application (Two-Year License)**  
\$46 (\$36 Application Fee + \$10 Wall Certificate fee)
- ◆ **Pharmacy Technician Trainee Reapply (One-Time, Two-Year License Extension)**  
\$36 (The Wall Certificate is **not** reissued but can be ordered for \$10)
- ◆ **Certified Pharmacy Technician – New Application (License Issued Through End of Licensure Year)**  
Fee is **pro-rated** on a monthly basis, based on the total of \$46. (\$36 Application Fee + \$10 Wall Certificate)

- ◆ **Certified Pharmacy Technician Renewal Fee for 2009 Through 2010/2011**  
One Year (2010): \$36 — Two Year (2011): \$72
- ◆ **Pharmacist – New License (License Issued Through End of Licensure Year)**  
Fee is **pro-rated** on a monthly basis, based on the total of \$110. (\$90 Licensure Fee + \$20 Wall Certificate Fee)
- ◆ **Pharmacist Licensure Renewal Fee for 2009 Through 2010/2011**  
One Year (2010): \$90 — Two Year (2011): \$180
- ◆ **Pharmacy Permit (In-State and Out-of-State) (License Issued Through End of Licensure Year)**  
Fee is **pro-rated** on a monthly basis, based on a \$240 total.
- ◆ **Pharmacy Permit Renewal Fee for 2009 Through 2010/2011 (In-State and Out-of-State)**  
One Year (2010): \$240 — Two Year (2011): \$480
- ◆ **Non-Rx Category I (Permit Issued Through End of Licensure Year)**  
Fee is **pro-rated** on a monthly basis, based on a \$60 total.
- ◆ **Non-Rx Category I Permit Renewal Fee for 2009 Through 2010/2011**  
One Year (2010): \$60 — Two Year (2011): \$120

The fees (both new and unchanged) are also displayed in a chart that is available on our Web site at [www.azpharmacy.gov/pdfs/NEWESTFEES.pdf](http://www.azpharmacy.gov/pdfs/NEWESTFEES.pdf).

## 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 January 2009 Newsletter)

#### Pharmacy Technicians

**Martinez-Howell, Gloria (T016379)** – License revoked – Effective January 30, 2009.

**Schreckengost, Brian (T007195)** – License revoked – Effective January 30, 2009.

*Continued on page 4*



## **NABP Seeking Pharmacists in All Practice Areas to Take Survey**

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at [www.zoomerang.com/Survey/?p=WEB228YSHUR9UR](http://www.zoomerang.com/Survey/?p=WEB228YSHUR9UR), will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure.

## **Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend**

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

### **A Trend with Deadly Consequences**

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

### **Prescription Drugs of Choice for Teens**

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried marijuana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens),

ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

### **Why Teens Choose Prescription Medications**

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

### **Stemming the Growth of Prescription Drug Abuse**

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104<sup>th</sup> Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104<sup>th</sup> Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces



drug use by 50%.” Similar to past drug prevention programs that focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: “The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home.”

More information and resources are available on the Partnership Web site at [www.drugfree.org](http://www.drugfree.org).

## Health Care Consumers:

### Essential Partners in Safe Medication Use



*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 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 a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) 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 study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time

for speaking with patients and lack of appropriate written materials. Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, [www.ismp.org](http://www.ismp.org), and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at [www.ConsumerMedSafety.org](http://www.ConsumerMedSafety.org).

### FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

**Stucks, Patricia (T006297)** – Licensed revoked – Effective January 30, 2009.

### Pharmacists

**Abramchick, Hyman (S012245)** – Three-month suspension, followed by probation with Pharmacists Assisting Pharmacists of Arizona (PAPA) Contract, and perform 400 hours community service – Effective January 30, 2009.

**Anderson, Scott (S009087)** – Six months Probation, \$1,000 Civil Penalty and completion of an additional eight hours of continuing education – Effective January 30, 2009.

**Balikian, Paul (S004434)** – Request to reinstate pharmacist license denied – Effective January 23, 2008. [Action also taken by Arizona Osteopathic Medical Board, License #0755.]

**Clements, Tip (S003192)** – Request to reinstate pharmacist license denied – Effective January 28, 2009. [Action also taken by California State Board of Pharmacy, Case #3029.]

**Green, James (S005337)** – Probation terminated – Effective January 30, 2009.

**Kaizer, Arleen (S006122)** – Probation for a period not less than 12 months and Board-approved treatment program – Effective January 30, 2009.

**Locke, Miles (S006309)** – Probation terminated – Effective January 30, 2009.

**May, Daniel (S006345)** – Six months probation, \$1,000 Civil Penalty and completion of additional eight hours of continuing education – Effective January 30, 2009.

**Nyakweba, Lameck (S014278)** – \$500 civil penalty, take and pass Multistate Pharmacy Jurisprudence Examination®, Intern Preceptor prohibition for 36 months.

### Disciplinary Actions – Other Boards

#### Arizona Osteopathic Medical Board (Doctors of Osteopathy)

**Balikian, Paul (DO 0755)** – *Interim Consent Agreement* – Respondent shall not practice medicine 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 January 29, 2009.

#### Arizona Board of Medicine (Allopathic Medical Doctors & Physician Assistants)

**Cochran, William M. (MD 15469)** – Decree of censure, probation for 10 years with set terms and conditions, and practice restrictions. Respondent shall not practice chronic pain management that includes prescribing controlled substance medications for any ongoing chronic pain condition – Effective January 9, 2009.

**Davis, Richard D. (MD 29315)** – License revoked – Effective January 9, 2009.

**Dodge, Jack I. (MD 15597)** – License revoked – Effective March 12, 2009.

**Earlywine, Kevin (PA 2140)** – Letter of reprimand issued and respondent placed on probation for three years with set terms and conditions – Effective February 25, 2009.

**Hall, Gary W. (MD 12977)** – Respondent placed on probation for an additional period of 10 years with set terms and conditions – Effective March 12, 2009.

**Kellermeyer, Tania S. (MD 26360)** – 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 February 25, 2009.

**Lee, Rodney J. (MD 40201)** – License surrendered to the Board – Effective February 5, 2009.

**LiPuma, William J. (PA 1843)** – *Interim Findings of Fact* – William J. LiPuma's physician assistant license to practice health care tasks as a physician assistant in the state of Arizona is summarily suspended pending a formal hearing – Effective November 25, 2008.

**Moody, Warren L. III (MD 31152)** – Decree of censure issued with practice restrictions. Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medication – Effective February 4, 2009.

**Mora, William E. (MD 13088)** – License revocation stayed under practice restrictions. Respondent's practice is restricted 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 he applies to the Board and receives the Board's approval to return to practice – Effective February 4, 2009.

**Muhammad, Gregory (MD 24245)** – License revoked – Effective January 9, 2009.

**Nath, Mahendra (MD 10234)** – License revoked – Effective January 9, 2009.

**Pinc, Roger D. (MD 37072)** – Non-disciplinary – Physician's practice is limited in that he 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 March 6, 2009.

**Robbins, Paul C. (MD 4176)** – License surrendered to the Board – Effective February 5, 2009.

**Robrock, James L. (MD 16209)** – License revoked – Effective March 12, 2009.

**Sayegh, Abraham (MD 18816)** – Surrender of license – Effective February 4, 2009.

**Standridge, Richard E. (MD 14835)** – License surrendered to the Board – Effective February 5, 2009.