



# Arkansas State Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## **Is Your Information Current?**

The Arkansas State Board of Pharmacy periodically sends out updates, *Newsletters*, current topics, and notifications by mail and/or e-mail. With the Board's quarterly *Newsletters*, it must have two to three months lead time in order to pre-announce issues for upcoming events. Conversely, the Board has had issues come up from time to time where it reaches out electronically through e-mail and social media such as Facebook. The only issue with the Board's e-mail distribution is that you will only receive the Board's messages if the Board has a current e-mail address on file for you. If you would like to check your contact information you may do so through the Board's Web site at [www.arkansas.gov/asbp](http://www.arkansas.gov/asbp) by clicking on the License Maintenance tab. Once you reach that screen it will ask for your license number, which includes PD as a designator for pharmacists and PT for technicians followed by a five-digit number. If your license only has four numbers then you put a zero in front of those four digits such as PD01234 for the number 1234. Also, do not forget to update your information if you move or change jobs.

## **Board of Pharmacy Continues Support of Rural Loans/Scholarships**

During the February 2012 meeting, the Board of Pharmacy voted to continue support of the Arkansas State Board of Pharmacy-sponsored Rural Health Loan/Scholarship with the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy. This program was started in 2009 with an initial funding of \$550,000, which was used to establish a rural loan program in order to support student pharmacists interested in pursuing a career in an Arkansas community with a population of less than 15,000, located at least 15 miles from the nearest incorporated municipality with 50,000 or more inhabitants as determined by the United States Census. For any student receiving this loan that returns to a rural area and practices pharmacy for a period of 36 months immediately following July 1, of the year of graduation, the loan will convert to a scholarship with no repayment required. Any students enrolling in full-time residency or fellowship educational training may receive an extension for the time period so that they may complete their training prior to returning to a rural area. Since this initial funding, the Board has transferred an additional \$50,000 in 2011 and 2012 to continue funding of this program with total support of \$650,000 since the inception of the program. The Board of Pharmacy and UAMS College of Pharmacy are both hopeful that this program will last for years to come and enable many future pharmacists to return to underserved areas of our state with some relief to the financial burden of their education.

## **Background Check Fees Lowered**

The Board recently received information from Arkansas State Police that the fee for Federal Bureau of Investigation (FBI) fingerprint based background checks has been reduced from \$19.25 to \$16.50. This fee

became effective March 19, 2012, and the Board has updated applications for pharmacists, pharmacy technicians, and interns to reflect the updated amounts of \$16.50 for FBI background checks and \$22 for the state police background check for a combined fee of \$38.50 for criminal background checks in addition to the application fee. As a reminder, if the Board receives applications with incorrect fees attached it cannot process the application until a corrected payment is received in the Board's office. Additionally, all criminal background fees are passed along in full to the state police and FBI and are not an additional fee that the Board of Pharmacy is able to keep as a cost of registration.

## **Monitor, Secure, and Dispose – Continuing Our Collaborative Efforts**

### **Arkansas Prescription Drug Summit**

The Arkansas Drug Director, Fran Flener's office, recently hosted the first ever Arkansas Prescription Drug Summit on April 26, 2012. This summit was organized and sponsored by the Drug Director's Office, Conner Eldridge, US attorney, Western District of Arkansas, Chris Thyer, US attorney, Eastern District of Arkansas, the Arkansas Attorney General's Office, the Arkansas State Board of Pharmacy, and a host of other stakeholders. This conference was supported by the Arkansas State Board of Pharmacy as a great educational opportunity for Board licensees and permit holders and was approved for 6.25 hours of live continuing education credit for any pharmacists that attended the full conference. This free summit was organized and planned to function as a tool to explore current problems of prescription drug abuse not only in Arkansas but across the nation with a keynote address from Arkansas Attorney General Dustin McDaniel and featured speakers and panelists including:

- ◆ John Eadie, Executive Director, Brandeis University Prescription Monitoring Program Center of Excellence
- ◆ Jack Stein, PhD, Prevention Branch Chief, Office of Demand Reduction, White House Office of National Drug Control Policy
- ◆ Alan G. Santos, Associate Deputy Assistant Administrator, Office of Diversion Control, US Drug Enforcement Administration (DEA)
- ◆ Fran Flener, State Drug Director
- ◆ Conner Eldridge, US Attorney, Western District of Arkansas
- ◆ Chris Thyer, US Attorney, Eastern District of Arkansas
- ◆ Charles P. Kokes, MD, Chief Medical Examiner, Arkansas State Crime Laboratory
- ◆ Carlos Roman, MD, Chief of Pain Management, St Vincent Infirmary, Chair of Arkansas State Medical Board Pain Committee
- ◆ Rob Covington, PhD, Director, Horizon Adolescent Treatment Center

Additionally, this summit also held the following panel discussions: "Prescription Drug Abuse Problems in Arkansas" and "Responding to

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## DEA Provides Information Regarding Carisoprodol Prescriptions

A Drug Enforcement Administration (DEA) announcement provides information regarding the scheduling of carisoprodol, effective as of January 11, 2012. The DEA Final Rule making the drug a Schedule IV controlled substance was published December 12, 2011, and states that effective January 11, 2012, all prescriptions for drugs containing carisoprodol shall comply with DEA regulations. Specifically, a pharmacy may only fill or refill a prescription for a drug containing carisoprodol if all of the following requirements are met:

- ◆ the prescription was issued for a legitimate medical purpose by a DEA-registered practitioner acting in the usual course of professional practice (21 CFR §1306.04);
- ◆ the prescription contains all the information required by 21 CFR §1306.05; and
- ◆ the number of refills authorized by the prescribing practitioner is five or less (21 USC §829(b)).

The full text of the notice is available on the DEA Web site at [www.deadiversion.usdoj.gov/drugs\\_concern/carisoprodol/index.html](http://www.deadiversion.usdoj.gov/drugs_concern/carisoprodol/index.html).

## Pfizer Recalls Several Lots of Two Oral Contraceptive Products

Pfizer Inc recalled 14 lots of Lo/Ovral®-28 (norgestrel and ethinyl estradiol) tablets and 14 lots of norgestrel and ethinyl estradiol tablets (generic) due to potential for inexact count and out-of-sequence tablets. A Pfizer investigation found that some blister packs of the affected products may contain an inexact count of inert or active ingredient tablets and that the tablets may be out of sequence. As a result of this packaging error, the daily regimen for these oral contraceptives may be incorrect and could leave women without adequate contraception, and at risk for unintended pregnancy. Food and Drug Administration (FDA) advises that patients who have the affected product should notify their physician and return the product to the pharmacy. A Pfizer press release includes a list of the affected products with the National Drug Code (NDC) number, lot number, and expiration date for each, and is available at [www.fda.gov/Safety/Recalls/ucm289770.htm](http://www.fda.gov/Safety/Recalls/ucm289770.htm).

## Changes in Medication Appearance Should Prompt Investigation by Pharmacists and Patients

*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).*

As the numbers of generic products continue to increase, it seems that both patients and practitioners have become desensitized to changes

in medication appearance. So much so that patients may not question a change or, when they do, practitioners may simply reassure them that it was due to a change in manufacturer without actively investigating the reason. It is not uncommon for ISMP to receive reports from both practitioners and consumers where a change in medication appearance was not fully investigated and subsequently contributed to an error.

In one case, a man shared an account of what his 86-year-old father experienced over the course of nine days after his prescription for minoxidil was mistakenly refilled with another medication. He had been taking minoxidil 2.5 mg for years at a dose of 5 mg (2 tablets) twice daily. Due to failing vision, he did not realize that his minoxidil tablets looked different. His daughter noticed the change, but was unconcerned since the tablets had previously changed appearance. The pharmacy was contacted about the change and a staff member explained that it was a different generic for minoxidil, and that the pills could be exchanged for those that he usually received. There was no mention of a mistake being made when the medication was exchanged. He was taken to the hospital the following day, when he could barely walk.

After this incident was explained to hospital staff, they contacted the pharmacy. It was then revealed that he was given methotrexate by mistake because the bottles were stored next to each other. By this time, the man had taken 36 methotrexate 2.5 mg tablets, his white blood cell and platelet counts were extremely low, and he was in critical condition. We later learned that he passed away during that hospital visit.

Your pharmacy may be providing an important patient safety tool on the prescription label that may be overlooked by patients and their caregivers: a description of the shape, color, and imprint code of the medication that should be inside. This information can help ensure accuracy since it's based on the NDC number. Teach patients to look for this description and question any differences. In addition, the patient needs to know if the medication name on the pharmacy generated label is the medication he or she was expecting to receive. Even if the generic manufacturer is different each time the prescription is renewed, the description on the label should match the NDC number and thus the product inside.

*With so much information on prescription labels such as patient and doctor name, drug name, instructions, and warnings – this added information can easily be missed. But it's important, so look for it and put it to use!*

## FDA Reminder: Purchasing Unapproved Injectable Cancer Medications Threatens Patient Safety

FDA is reminding health care providers to obtain and use only FDA-approved injectable cancer medications purchased directly from the manufacturer or from wholesale distributors licensed in the United States. FDA explains that “current shortages of injectable cancer medications may present an opportunity for unscrupulous individuals to introduce non-FDA approved products into the drug supply, which could result in

Compliance News to a particular state or jurisdiction should not be assumed (regarding the law of such state or jurisdiction.)



serious harm to patients.” FDA reports that the agency is aware of promotions and sales of unapproved injectable cancer medications directly to clinics in the US and that the medications were likely administered to patients. Examples of products include unapproved versions of FDA-approved medications such as Faslodex® (fulvestrant), Neupogen® (filgrastim), Rituxan® (rituximab), and Herceptin® (trastuzumab). FDA stresses the risks to patients when such unapproved medications are used. The agency outlines several steps health care providers should take to ensure patient safety:

1. Obtain and use only FDA-approved injectable cancer medications purchased directly from the manufacturer or from wholesale distributors licensed in the US. An FDA Web page, [www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm](http://www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm), provides the online resource for each state for verifying that a wholesale distributor is appropriately licensed.
2. Determine if the medication you have received is FDA-approved by checking the Orange Book or searching the Drugs@FDA database.
3. Question whether a price sounds too good to be true. Deep discounts may be offered because the product is stolen, counterfeit, or unapproved.
4. Carefully inspect the product and packaging and be alert for signs that the product is not FDA approved, such as if the packaging looks different or the dosing recommendations are unfamiliar.

FDA also notes that if a health care provider receives multiple complaints about the same product, such as a new side effect or lack of therapeutic effect, these may signal a product quality issue.

FDA reminds health care providers that in certain circumstances the agency may authorize limited importation of medications that are in short supply. Such medications are imported from approved international sources and distributed in the US through a controlled network, and would not be sold in direct-to-clinic solicitations. If FDA has arranged for limited importation of the foreign version of a medication, information on obtaining that medication will be available in the Drug Shortages section of the FDA Web site, [www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm](http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm).

Additional details are provided in an FDA Drug Safety Communication, available at [www.fda.gov/downloads/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/UCM287717.pdf](http://www.fda.gov/downloads/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/UCM287717.pdf).

## **Insulin Pens Should Not Be Used for Multiple Patients, Stresses CDC**

Centers for Disease Control and Prevention (CDC) issued a notice, reminding health care providers that insulin pens are intended for use by a single patient, and should never be used on more than one patient. CDC indicates that the agency has become “increasingly aware of reports of improper use of insulin pens, which places individuals at risk of infection with pathogens including hepatitis viruses and human immunodeficiency virus (HIV).” The notice explains that regurgitation of blood into the insulin cartridge can occur after injection, creating a risk of bloodborne pathogen transmission if the pen is used for more than one person, even when the needle is changed. CDC provides the following recommendations to help protect patient safety:

- ◆ Insulin pens containing multiple doses of insulin are meant for use on a single person only, and should never be used for more than one person, even when the needle is changed.
- ◆ Insulin pens should be clearly labeled with the person’s name or other identifying information to ensure that the correct pen is used only on the correct individual.

- ◆ Hospitals and other facilities should review their policies and educate their staff regarding safe use of insulin pens and similar devices.
- ◆ If reuse is identified, exposed persons should be promptly notified and offered appropriate follow-up including bloodborne pathogen testing.

The notice may be downloaded from the CDC Web site at [www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf](http://www.cdc.gov/injectionsafety/PDF/Clinical-Reminder-insulin-pen.pdf).

## **US Public Health Service Report Supports Maximizing the Scope of the Pharmacist as Part of Health Care Team**

Presenting an evidence-based discussion of the comprehensive patient care services that pharmacists currently provide, a new government report calls for expanded support for such pharmacist-delivered patient care models. The report, *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*, prepared by the Office of the Chief Pharmacist, US Public Health Service (PHS), is organized into four focus points as follows:

- ◆ Focus point 1 discusses how pharmacists are integrated in many practice settings as health care providers, such as through collaborative practice agreements, and provides data showing interprofessional support for such models.
- ◆ Focus points 2 and 3 support recognition of pharmacists as health care providers and compensation models that will allow pharmacists to continue to improve patient and health care system outcomes.
- ◆ Focus point 4 presents a review of numerous peer-reviewed studies that demonstrate favorable outcomes from pharmacist-delivered care.

RADM Scott Giberson, chief professional officer, PHS Pharmacists, and the primary author of the report, stated that “one of the most evidence-based and cost-effective decisions we can make as a nation is to maximize the expertise and scope of pharmacists, and minimize expansion barriers to successful health care delivery models.” The report may be downloaded from the US PHS Web site at [www.usphs.gov/corpslinks/pharmacy/comms/pdf/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf](http://www.usphs.gov/corpslinks/pharmacy/comms/pdf/2011AdvancedPharmacyPracticeReporttotheUSSG.pdf).



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Prescription Drug Abuse Problems in Arkansas” with panelists including several of the above speakers as well as:

- ◆ William Bryant, Assistant Special Agent in Charge, DEA
- ◆ John Kirtley, PharmD, Executive Director, Arkansas State Board of Pharmacy
- ◆ Karl Wagenhauser, MD, FACEP, St Joseph’s Mercy Health Center
- ◆ Kirk Lane, Chief of Police, Benton Police Department
- ◆ Cheryl May, PhD, Director, University of Arkansas Criminal Justice Institute; President, Arkansas Alliance for Drug Endangered Children
- ◆ Larry Miller, MD, Arkansas Department of Human Services, Division of Behavioral Health Services

The Board previously sent an announcement and invitation to this conference to every licensed pharmacist with a current e-mail address on file with the Board of Pharmacy. With only 500 slots to attend for all interested parties including members of the law enforcement, pharmacy, medical, treatment, prevention, judicial, and education communities, the summit filled with registrations in roughly 15 days with many people being turned away due to space limitations. The Board’s hope is that this conference will become an annual event for Arkansas where we can continue to have interprofessional discussions and interactions on issues of drug abuse.

### **DEA Hosts National Drug Take-Back Day April 28, 2012**

At the time of submission for this *Newsletter*, DEA had recently announced another national drug take-back initiative planned for April 28, 2012. This will be the fourth national drug take-back event sponsored by DEA in their efforts to curb the ongoing issue of prescription drug abuse. Once again, this effort has been extremely effective in Arkansas as part of our Monitor, Secure, and Dispose campaign to help remove unused medications from homes so that they are properly disposed of and Arkansas has been responsible for returning 77% of the medications in our four-state DEA region through the previous three drug take-back events despite being the least populated state in our region. These first three take-back events resulted in over 12 tons of prescription drugs being returned for destruction, which represents an estimated 33 to 36 million doses of medications that are no longer on the street, in cabinets, or at risk for being misused. Please continue to check [www.artakeback.org](http://www.artakeback.org) to see ongoing locations for prescription drug destruction drops that can be used by your patients.

### **Board of Pharmacy Educational Opportunities**

The Arkansas State Board of Pharmacy is preparing educational presentations for upcoming events. The first opportunity will be during the Arkansas Pharmacists Association Annual Meeting in Rogers, AR, June 21-23, where the Board will give an Arkansas pharmacy law update to highlight and discuss current issues from the Board. The

Board is also preparing an in-service type educational opportunity for pharmacists to examine policies, procedures, and implementable plans to assist pharmacies and pharmacists in preventing and/or quickly identifying prescription drug diversion in pharmacies. The Board is in the process of picking a specific date and location for this meeting and expects to send out an e-mail notification for this event in order to allow for registration for the event. The Board’s current plan is to offer this as a free program and resource to pharmacists, pharmacy owners, loss prevention staff, regulatory compliance staff, and anyone else interested in these activities.

### **Pharmacist License and Other Permit Renewals**

Renewals for pharmacists, in-state retail pharmacies, and out-of-state retail pharmacies ended April 1, and any of these permits that were not renewed prior to that date are now void. For any permit that was not renewed, a reinstatement application or new permit application will be required in order to obtain a registration with the Board of Pharmacy along with a criminal background check for any individuals applying for reinstatement.

### **Special Notice About the Arkansas State Board of Pharmacy Newsletter**

The Arkansas State Board of Pharmacy has designated this *Newsletter* as an official method to notify pharmacists licensed by the Board about information and legal developments. Please read this *Newsletter* and keep it for future reference because this *Newsletter* will be used in hearings as proof of notification of the *Newsletter*’s contents. Please contact the Board office (501/682-0190) if you have questions about any of the articles in this *Newsletter*.

**Arkansas Pharmacy Support Group Help Line  
870/636-0923**

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