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Arkansas State Board of Pharmacy

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Senate Bill 402

In the last issue of the Arkansas State Board of Pharmacy *Newsletter*, the Board reported the results of our request for an Attorney General's Opinion regarding the authority of acupuncturists or "Doctors of Oriental Medicine," to administer, dispense, or prescribe legend drugs. As of the writing for this edition of the *Newsletter*, Senate Bill 402 sponsored by Senator Percy Malone has passed both the Arkansas Senate and House Chambers and is on its way for Governor Mike Beebe's consideration. This bill specifically prohibits acupuncturists from administering, dispensing, or prescribing legend drugs as well as prohibiting them from identifying themselves as doctors or physicians. If signed by the governor, this bill will become law this summer. You may view the language of SB 402 and its status via the Internet at the Arkansas General Assembly Web site (www.arkleg.state.ar.us/). The Board of Pharmacy will continue to keep you posted as to the status of the law on this issue.

Anorexiant Medication Guidelines

The Board of Pharmacy receives calls every week regarding rules for the prescribing or dispensing of anorexiant medications. While most pharmacists are aware there is some rule regarding this, it is often confused that this is a Board of Pharmacy Rule when it is in fact a Medical Board Regulation that determines the guidelines the prescribing physician must adhere to when using these medications in their practice. *Arkansas Medical Board Regulation No. 21 Anorexiant Drug Guidelines*.

Short term treatment of obesity with Schedule III and IV drugs.

A physician will be considered as exhibiting gross negligence or ignorant malpractice if he prescribes Schedule III and IV scheduled drugs under the Uniform Controlled Substance Act for obesity, except in conformity with the requirements as set below:

4. The treating physician shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer's prescribing information for the drug prescribed or dispensed.
5. The treating physician shall not dispense or prescribe more than a 30-day supply for a patient on the first

visit. Thereafter, not more than a 30-day supply shall be dispensed or prescribed at the time of each visit. The patient shall be weighed at each visit prior to dispensing or prescribing an additional supply of the drug and the weight shall be entered in the patient's record.

The two points included as part of this regulation as 4 and 5 are the most important parts that most pharmacists are concerned with as they are the two points of contention usually for pharmacists trying to explain to patients and prescribers why they cannot get this medication with automatic refills, in excess of one dose daily, or for more than 30 days.

Technician and Business Permit Renewals

The Arkansas State Board of Pharmacy sent out permit renewals for pharmacy technicians, charitable clinic pharmacies, institutional pharmacies, wholesale distributors, List 1 chemical distributors, hospital pharmacies, nursing home consultants, and durable medical equipment permits in October 2008 as these permits expired December 31, 2008. The Board would like to remind pharmacists that any permits that were not renewed by April 1 are void. This means that in order to get a technician permit again, an individual must apply for reinstatement and undergo a criminal background check, which includes fingerprinting and payment of reinstatement fees. We would encourage you to check the permits posted in your facility to be sure that they are current as posted.

Schedule II Faxed Prescriptions for Home Infusion, LTC, and Hospice

The Board office receives routine calls regarding the legality of faxing Schedule II prescriptions for home infusion, long-term-care, and hospice patients. Below you will find the Arkansas State Board of Pharmacy Regulations regarding this issue. It is important to note that in the instances below, the faxed prescriptions must have all the necessary information for a prescription order and not just a chart page from the patient's chart.

07-00-0001—Facsimile (Fax) Prescription Drug Order

A prescription drug order which is transmitted by an electronic device which sends an exact copy image to the receiver (pharmacy) over telephone lines.

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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, 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. Questions may be directed to custserv@nabp.net or 847/391-4406.

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 mari-

juana. 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 104th 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 104th 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.

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. 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. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: 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 5th grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9th to 12th 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, and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at www.ConsumerMedSafety.org. ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

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.

- (a) Faxing Schedule II prescriptions
 - (1) Faxing a Schedule II prescription for a home infusion, or intravenous pain therapy patient or both – a prescription, written for a Schedule II narcotic substance to be compounded for direct administration to a home infusion patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, may be transmitted directly from the prescribing practitioner, by the practitioner or the practitioner’s agent, to the pharmacy by facsimile. The facsimile serves as the original written prescription. This exception does not apply to oral dose medications. (Also see regulation 07-04-0001)
 - (2) Faxing a Schedule II prescription for a long-term-care patient – a prescription written for a Schedule II substance, for a resident of a long-term-care facility may be transmitted directly from the prescribing individual practitioner, or the practitioner’s agent, to the provider pharmacy by facsimile. The facsimile serves as the original written prescription. (See also regulation 07-04-0001)
 - (3) A prescription written for a Schedule II substance, for a home hospice patient may be transmitted by the practitioner or the practitioner’s agent to the dispensing pharmacy by facsimile. It must be noted on the prescription that this is a hospice patient. The facsimile serves as the original written prescription. (See regulation 07-04-0001)
- (b) Faxing from a long-term-care facility to a pharmacy – a pharmacist may accept a fax prescription from a long-term-care facility provided:
 - (1) For Schedule II drugs, *all requirements of a written prescription are met, including the prescriber’s signature on the faxed order and it is faxed by the nurse/person the physician and the long-term-care facility has designated as his/her*

“agent” to transmit the order, and must contain the nurse/person’s signature.

(2) For drugs other than Schedule II, the order is faxed by the nurse/person the physician and the long-term-care facility has designated as his/her “agent” to transmit the order, and must contain the nurse/person’s signature.

(3) The pharmacist verifies the fax is from the machine in the long-term-care facility.

Arkansas Drug Information Center

The Arkansas Drug Information Center is a University of Arkansas for Medical Sciences (UAMS) College of Pharmacy service component that is available to Arkansas health care professionals. The center is open Monday through Friday from 8:30 AM to 5 PM. The primary function of the center is to receive and answer drug information questions of all types. To locate the needed information, the staff members and senior pharmacy students utilize the extensive print and online drug and medical information resources available in the center and in the UAMS Library, as well as other resources such as drug companies and Food and Drug Administration. The toll-free telephone number is 1-888/228-1233 and the Little Rock local number is 686-5072. These phone numbers are not advertised to the general public, but pharmacists are welcome to provide the phone number to individual patients who have a drug information question (other than a medication identification question).

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

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