August 2011

Arkansas State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Executive Director Changes

The Arkansas State Board of Pharmacy would like to recognize Dr Charles S. Campbell for his years of service to the Board of Pharmacy and our profession. Dr Campbell served the Board as the executive director from January 2000 until his retirement in June 2011. Dr Campbell has led a distinguished career in pharmacy and the Board wishes him well in his future endeavors. The Board would also like to announce that Dr John Clay Kirtley has been selected as the new executive director for the Board. Dr Kirtley has served as the assistant director for the Board of Pharmacy since December 2004, and began his new role as executive director on July 1. John and his wife Melanie, who is also a pharmacist, live in Little Rock, AR, with their daughter Allison Grace, their son Jack Henderson, and their Labradors Daisy and Shiloh.

Regulation Changes Approved During June 28, 2011 Board Meeting

The following regulation changes were discussed during a public hearing at the Board of Pharmacy on June 28, 2011. The Board voted to adopt all of these changes pending favorable legislative review. Mark-up copies of these regulations will be posted on the Arkansas State Board of Pharmacy Web site, *www.arkansas.gov/asbp,* in the Lawbook section until legislative review is complete. It is important to note that changes to regulations 1, 5, 7, and 9 are being made to coincide with new legislation that will be in effect July 27, 2011. These regulation changes are being filed to have the updated regulations effective at the same time as the new statutory requirements. Changes to regulation 2 have been filed with a proposed effective date of August 31, 2011, to ensure that the legislative review process will be complete prior to the proposed effective date for the changes in this regulation. Below are summaries of the substantive changes to the regulations along with excerpts for parts of selected regulations. All of these regulation changes may be viewed in their entirety on the Board Web site in the Lawbook section.

Regulation 1 – General Operations

Changes will amend Regulation 1 to change the expiration dates for nursing home consultant pharmacist permits and pharmacist preceptor permits to December 31, of odd-numbered years. These changes will cause endorsements on a pharmacist's license to expire at the same time as the pharmacist license in accordance with Act 597 of 2011 and should allow individuals to renew their pharmacist license as well as any endorsements attached to their license at the same time (immunization certification, preceptor status, or nursing home consultant permits).

Regulation 2 – Pharmacists

Changes will amend Regulation 2 in order to simplify the requirements for pharmacist interns to work in pharmacies and will also allow consideration of graduation from a nationally accredited college of pharmacy as fully meeting the experiential requirements to apply for pharmacist licensure in Arkansas. These changes will greatly reduce the paperwork that pharmacies, pharmacists, and interns are required to file with the Board of Pharmacy to have an intern work in a pharmacy. Instead of needing to file a training plan annually, receive and post a buff card in the pharmacy, and then file an affidavit of experience annually, the intern and pharmacy simply must notify the Board of Pharmacy in writing that the intern will be working in that specific pharmacy. Language specific to college of pharmacy interns includes:

02-01-0004—REQUIREMENTS FOR INTERNSHIP TRAINING

(f) The licensed intern's certificate must be displayed in the drugstore or pharmacy in which the intern is being trained. Licensed interns shall not be left in sole charge of the prescription department at any time. Violation of this regulation may result in a cancellation of any and all internship hours toward licensure that may be accrued by the pharmacy intern, and suspension, revocation or other penalties of the Pharmacist in Charge, the supervising pharmacist and/or the pharmacy permit.

(h) An intern may practice pharmacy in any Class A pharmacy under the supervision of a licensed pharmacist provided:

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Pharmacists Provide Feedback at APhA: 'It's About Time! What a Great Tool'

Since the March 2011 launch of the new CPE Monitor™ service, more than 10,000 pharmacists and technicians have created their National Association of Boards of Pharmacy® (NABP®) e-Profile and obtained their permanent identification number. In its effort to educate licensees, NABP answered questions about CPE Monitor during the American Pharmacists Association (APhA) Annual Meeting and Exposition on March 25-28, 2011, in Seattle, WA, in which pharmacists shared with NABP staff positive feedback about the new service. Visitors to the booth noted that they are looking forward to using the new tool to track their continuing pharmacy education (CPE).

Beginning in the latter part of 2011, the CPE Monitor service will allow pharmacists and technicians to easily track their Accreditation Council for Pharmacy Education (ACPE)-accredited CPE credits. The service will also provide a streamlined reporting and compliance verification process for participating state boards of pharmacy, a capability scheduled for availability in 2012. In the latter part of 2011, the e-Profile ID and birth date (MMDD) will be required to receive credit for any CPE activities taken from ACPE-accredited providers. Providers will ask CPE participants to provide the ID either when registering for CPE or when submitting participation data to the provider.

Pharmacists whose names have changed since the last time they interacted with NABP will need to go through the name change process before beginning their CPE Monitor registration. Name changes can be made in the licensee's NABP e-Profile by submitting a photocopy of the document granting your name change and completing the correct NABP name change form. These downloadable forms are available on the NABP Web site at *www.nabp.net/programs/cpe-monitor/cpe-monitor-service* in the frequently asked questions section. One form pertains to those who have had their name change granted by a United States government agency, and the other form pertains to those who have had their name change granted by a foreign government agency. In addition to the form, licensees must submit a photocopy of the documentation noting the name change, which includes marriage license or certificate, divorce decree, or court ordered name change document.

Pharmacists and technicians may access additional information about CPE Monitor in the Programs section on the NABP Web site at *www.nabp.net/programs* or at *www.MyCPEmonitor.net.* CPE Monitor is a collaborative effort between NABP, ACPE, and ACPE providers.

Protecting Yourself from Identity Theft

Being asked for your Social Security number (SSN) when applying for a loan or credit card, or even when setting up an account with a business for a service, is now commonplace. With this increased use of SSNs comes the increased risk of identity theft, and reputable businesses have been diligent in taking measures to implement security protocols to protect their customers.

Although some may believe that non-governmental organizations are prohibited from obtaining SSNs, in fact there is no law banning private organizations, such as NABP, from collecting this information. In recent years, a federal government task force recognized the importance of SSN use by private entities and preservation of such use. In addition, many states' laws specifically permit private entities to collect and use individual SSNs for purposes of application and enrollment processes, to confirm SSN accuracy, or for internal verification or administrative purposes.

For many decades, NABP has supported the boards of pharmacy in their licensure processes and the Association adheres to state and federal laws when collecting SSNs for purposes of internal data verification and board of pharmacy licensure processes. In addition, NABP has high security protocols and utilizes required technologies and protections, including encryption technologies, to protect sensitive information.

Some pharmacists have asked about using the National Provider Identifier (NPI) number from the Centers for Medicare & Medicaid Services (CMS) as an alternative to providing their SSN. However, applying for an NPI number requires candidates to disclose their SSN to CMS, and may not address candidate concerns about providing their SSN to third parties. In addition, this excludes pharmacy technicians, who are not eligible for an NPI number.

A verification process using the SSN is the best way for organizations like NABP to help ensure the accuracy of data within its systems. NABP collects and reports data such as examination scores and continuing education records to the boards of pharmacy and having incorrect data could create serious adverse consequences for licensees. The use of the full nine-digit SSN, along with other demographic information such as license number(s), will help NABP internally verify that each profile created within its systems is unique, contains accurate information, and will match state board licensure records. The SSN is not used for any other purposes and is not shared with other entities except for the purposes of delivering requested services.

Reputable organizations use secure collection, storage, and disposal procedures, such as SSL encryption, access restriction and monitoring, firewalls, and shredding to protect customers information and thwart would-be hackers and identity thieves. Nevertheless, understanding how identity thieves steal your information will help you protect yourself from identity theft. According to the Social Security Administration thieves acquire your personal information by:

- Stealing wallets, purses, and your mail (bank and credit card statements, pre-approved credit offers, new checks, and tax information);
- Stealing personal information you provide to an unsecured site on the Internet, from business or personnel records at work, and personal information in your home;
- Rummaging through your trash, the trash of businesses, and public trash dumps for personal data;
- Posing by phone or e-mail as someone who legitimately needs information about you, such as employers or landlords; or
- Buying personal information from "inside" sources. For example, an identity thief may pay a store employee for information about you that appears on an application for goods, services, or credit.

Contaminated TPN Spurs ISMP Call for Action

In response to the infections of 19 Alabama patients by contaminated total parenteral nutrition (TPN), the Institute for Safe Medication Practices (ISMP) called upon Food and Drug Administration (FDA) to take several actions, including collaborating with boards of pharmacy in enforcing compounding standards. An investigation led by Alabama Department of Public Health and Centers for Disease Control and Prevention (CDC) determined that a failure in a step of the sterilization process for the compounded TPN most likely led to its contamination with Serratia marcescens bacteria. Of the 19 cases of infection that resulted in Birmingham, AL, area hospitals, nine were fatal. An investigation revealed that TPN produced by Meds IV was the common source of the infections and that a container and stirrer, and a tap water spigot at Meds IV are likely the sources of the bacteria. The product was recalled by Meds IV on March 24, 2011.

ISMP has expressed support for the provision of additional resources to boards of pharmacy so that boards can survey compounding pharma-

cies to enforce compliance with United States Pharmacopeia Chapter 797 standards. ISMP also calls upon FDA to work with state boards of pharmacy to support enforcement efforts and to provide guidance documents for industry on relevant good pharmacy compounding practices. More information about ISMP's call for action is available in an April 7, 2011 article on the ISMP Web site at *www.ismp.org*.

ISMP Provides Strategies to Enhance Safety Procedures in Pharmacies

This column was prepared by 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.*

When investigating errors, look for contributing factors and then apply prevention recommendations that make sense for your organization. Use a variety of the strategies listed below to focus on system issues and human factors, to continually enhance safety procedures in your pharmacy. Share this information with colleagues at your site and within your greater organization.

Fail-safes and constraints involve true system changes in the design of products or how individuals interact within the system. For instance, when the pharmacy computer system is integrated with the cash register, a fail-safe would prevent the clerk from "ringing up" the prescription unless final verification by a pharmacist had occurred.

Forcing functions are procedures that create a "hard stop" during a process to help ensure that important information is provided before proceeding. For example, a pharmacy computer system is integrated with the cash register and requires the patient's date of birth be asked and entered at the point of sale.

Automation and computerization of medication-use processes can reduce reliance on memory. Examples include true electronic systems that can receive electronic prescriptions from a prescriber, thus eliminating data entry misinterpretation at the pharmacy and robotic dispensing devices with bar coding.

Standardization creates a uniform model to adhere to when performing various functions and to reduce the complexity and variation of a specific process. For example, create standardized processes to guide the pharmacist's final verification of a medication.

Redundancies incorporate duplicate steps or add another individual to a process, to force additional checks in the system. Involving two individuals in a process reduces the likelihood that both will make the same error with the same medication for the same patient. Examples include use of both brand and generic names when communicating medication information. Patient counseling is often an underutilized redundancy that can detect many errors.

Reminders and checklists help make important information readily available. For example, prescription blanks that include prompts for important information (eg, medication indication, allergies, patient birth date).

Rules and policies are useful and necessary in organizations. Effective rules and policies should guide staff toward an intended positive outcome. However, some may add unnecessary complexity and may be met with resistance, especially when implemented in haste in response to an error. Because their use relies on memory, they should be used as a foundation to support other strategies that target system issues.

Education and information are important tactics when combined with other strategies that strengthen the medication-use system. The effectiveness of these tactics relies on an individual's ability to remember what has been presented. Thus, on their own, they offer little leverage to prevent errors. An example of an education strategy would be having pharmacy personnel read and review policies and procedures on how to correctly perform a function such as prescription verification.

FDA Warning on Benzocaine Use

FDA has issued a warning to consumers and health care providers regarding the use of benzocaine and its association with a rare, but serious condition, methemoglobinemia. FDA also stresses that benzocaine products should not be used on children less than two (2) years of age, except under the advise of a health care provider. Methemoglobinemia results in the amount of oxygen carried through the bloodstream being greatly reduced, and in the most severe cases, can result in death. Benzocaine gels and liquids are sold over-the-counter under different brand names – such as Anbesol®, Hurricaine®, Orajel®, Baby Orajel, Orabase®, and store brands – and are used to relieve pain from a variety of conditions including teething, canker sores, and irritation of the mouth and gums. Benzocaine is also sold in other forms such as lozenges and spray solutions.

FDA notes that methemoglobinemia has been reported with all strengths of benzocaine gels and liquids, including concentrations as low as 7.5%. Further, the cases occurred mainly in children aged two years or younger who were treated with benzocaine gel for teething. Symptoms include pale, gray, or blue colored skin, lips, and nail beds; shortness of breath; fatigue; confusion; headache; lightheadedness; and rapid heart rate and usually appear within minutes to hours of applying benzocaine. Symptoms may occur with the first application of benzocaine or after additional use. FDA advises that if consumers or their children experience any of these symptoms after taking benzocaine, they should seek medical attention immediately. The FDA safety warning is available at *www.fda.gov*.

FDA Reminder About Pradaxa Storage/Handling

FDA issued a safety alert regarding special handling instructions for Pradaxa® due to concerns that these requirements are not commonly known. FDA advises that Pradaxa, an anticoagulant medication known as a direct thrombin inhibitor, should only be dispensed and stored in the original bottle or blister package due to the potential for product breakdown from moisture and loss of potency.

Specifically, FDA advises pharmacists that Pradaxa should only be dispensed in the original manufacturer bottle with the original dessicant cap. Pradaxa should not be repackaged. Patients should be advised to store the medication in the original container and avoid using pill boxes or other containers for storage. Also, once a bottle is opened, the product must be used within 60 days to ensure potency. The Pradaxa label and medication guide contain more information about these storage and handling requirements. The FDA safety alert is available on the FDA Web site at *www.fda.gov*.

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1. The intern notifies the Board of Pharmacy in writing of his or her employment as a pharmacy intern within five days of starting to work in any pharmacy, and
2. The intern notifies the Board of any change in his or her employment for any reason within five days of the change.
3. Notification is made in writing by letter, fax, email or through the Board Web site and must contain the name of the intern, the name and address of the pharmacy, and the date of hire or date of change in employment. It is the intern's responsibility to verify that the notification has been received and processed by the Arkansas Board of Pharmacy.
4. At no time may a supervising pharmacist or preceptor supervise more than one intern outside of an assigned educational rotation sponsored by a college of pharmacy.

Additional changes in Regulation 2 will update language in regard to Foreign Pharmacy Graduate Examination Committee™ Certification, methods for notifications sent to the Board of Pharmacy, and requirements for taking the North American Pharmacist Licensure Examination®.

Regulation 5 – Long-Term Care Facilities

Changes will amend Regulation 5 to specify that any emergency kits provided in Arkansas by an out-of-state pharmacy must be approved by the Arkansas State Board of Pharmacy and may be subject to the same restrictions imposed by its home state when supplying emergency kits from Arkansas. This rule is being adopted in accordance with Act 1019 of 2011. Once this regulation is effective, any out-of-state pharmacy that intends to supply an emergency kit for a long-term care facility in Arkansas must first sign an affidavit with the Board in order to do so. Specific language being added to this regulation includes:

05-00-0004—EMERGENCY KITS FOR LONG-TERM-CARE FACILITIES

(a) (9) Before an out of state pharmacy may supply an emergency kit to an Arkansas long-term care facility, it must provide an affidavit on a form supplied by the Board that it will comply with Arkansas law regarding emergency kits. If applicable, an out of state pharmacy will also be subject to reciprocal restrictions as are imposed by its home state on out of state pharmacies.

Regulation 7 – Drug Products/Prescriptions

Changes will amend Regulation 7 by updating language regarding the sale of Schedule V exempt products and adding language specifically related to the selling of pharmacist authorized drugs, such as pseudoephedrine (PSE), ephedrine, and phenylpropanolamine (PPA) in accordance with Act 588 of 2011.

07-04-0008—SCHEDULE V—EPHEDRINE, PSEUDOEPHEDRINE OR PHENYLPROPRANOLAMINE

(b) A pharmacist may not dispense and a pharmacy technician or intern may not sell or transfer ephedrine, pseudoephedrine, or phenylpropanolamine unless the patient has provided a driver's license or non-driver's identification card issued by the Arkansas Department of Finance and Administration or an identification card issued by the United States Department of Defense to active duty military personnel that contains a photograph of the person, the person's date of birth, and a functioning magnetic stripe or bar code. In addition to documenting the professional determination required by Regulation 07-04-0006(a), a sale of ephedrine, pseudoephedrine, or phenylpropanolamine must also be approved by scanning the license or identification card into the real-time electronic logbook using the magnetic stripe or bar code.

During the public hearing, the Board addressed several issues that had arisen during the public comment period:

1. The regulation explains that anyone purchasing these pharmacist authorized drugs – PSE, ephedrine, and PPA – must have a driver's license or non-driver's identification card issued by the Arkansas Department of Finance and Administration or a valid military identification with a **functioning magnetic stripe or bar code to be scanned into the tracking system.** Furthermore, the ID being used for purchasing these IDs must be scanned into the state's tracking system by the bar code or magnetic stripe rather than manually entered by pharmacy staff. If an ID in these categories will not scan or if the system is down then the sale cannot be completed under this criteria. Additionally, while a military ID does contain the information necessary for tracking these products in Arkansas, it does not contain all the necessary information for tracking a purchaser's address, which is a federal requirement under the Combat Methamphetamine Epidemic Act of 2005. The Board will allow a pharmacy to enter the address information in the sales system after the military ID has been scanned in order to meet this criteria. This would not allow for the manual entering of all information into the tracking system but would allow the addition of information required by the federal government that is beyond the Arkansas requirement.
2. Who is allowed to scan the ID into the state's tracking system? The Board discussed this topic and explained that while the determination to sell these products must be made by the licensed pharmacist, the scanning of an ID into the tracking system for selling these products after the determination to sell has been made could still be performed by a pharmacy technician, intern, or pharmacist as this section of the statute was not changed. Furthermore, when all of this has been completed, the exchange of payment for the product is not restricted beyond previous measures taken by the state.
3. What is the pharmacist required to document when making the determination to sell these products?

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07-04-0006—SCHEDULE V—EXEMPT PRODUCTS & PHARMACIST-AUTHORIZED DRUGS

(a) A Pharmacist-Authorized Drug is a nonprescription drug that is subject to the same restrictions as are imposed for ephedrine, pseudoephedrine, or phenylpropanolamine under Ark. Code Ann. § 5-64-1103(c) and (d)(4) and § 5-64-1104.

(b) A pharmacist may dispense a Schedule V exempt product or a Pharmacist Authorized Drug only after making a professional determination that there is a legitimate medical and pharmaceutical need for the product. A pharmacist must base the decision to dispense on factors relevant to the patient's medical need and the appropriateness of the requested product, including, without limitation:

1. the patient's medication filling history as maintained in the pharmacy's system;
2. the pharmacist's personal knowledge of the patient; and/or
3. the pharmacist's screening of the patient's existing medical conditions and physical symptoms as appropriate for the treatment being considered. The screening may include a review of the patient's medical history, disease history, prescription history, physical symptoms, and relevant vital signs, such as blood pressure. All screening performed by the pharmacist must be documented and maintained in the patient's pharmacy record.

This language specifically requires the pharmacist to document any screening used to make the determination to sell under criterion number 3. While the regulation does not require documentation that either number 1 or 2 was used to make the determination to sell, the pharmacist who makes the determination will be responsible for that decision and it would be advisable to go ahead and document that either of these two factors was used. The regulation does not specify where this must be documented other than in the patient's pharmacy record. The Board would advise that the pharmacy could use any one of many options to document this which could include utilizing notes in the pharmacy prescription system, notes in the point of sale system, or even a paper log for patient notes regarding each sale that is completed.

Regulation 9 – Pharmaceutical Care/Patient Counseling

Changes will amend Regulation 9 to update the age restrictions for pharmacists to provide pharmaceutical care to patients seven years of age and older in accordance with Act 147 of 2011. For specific requirements and restrictions regarding pharmacist administration of medications under this new law it would be best to refer to Act 147 of 2011 to see the specific changes that are being made to this area of the statute. As a reminder to immunizing pharmacists, ACT 432 of 1995 requires all providers who give vaccines to any persons 21 years of age and younger to provide this information to the Department of Health. The Immunization Section will provide you with the training needed to access the Web-based immunization registry. For more information please call the immunization section at 1-800/574-4040.

Monitor, Secure, and Dispose – DEA to Host National Drug Take-Back Day October 29, 2011

The Drug Enforcement Administration (DEA) recently announced that the next national drug take-back initiative is planned for October 29, 2011. This will be the third 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 its Monitor, Secure, and Dispose campaign to help remove unused medications from homes so that they are properly disposed of. Through the first two DEA take-back events, Arkansas law enforcement and the Arkansas National Guard worked with DEA and took back a total of 6.5 tons of unused medications, which represents an estimated 17.3 to 19.3 million doses of medication. The Board encourages you once again to help educate your patients regarding the proper disposal of unused prescription medications and the Board also hopes that you will encourage and assist your local law enforcement in this endeavor. It is vital that pharmacists help increase patient awareness regarding what medications they have in their homes, inform them how to secure their medications, and inform them how to appropriately dispose of their medications when they are no longer needed. These three steps could help prevent countless problems and potential injuries or death from prescription drug abuse. Please refer to the Web site *www.ioit2me.com* for information regarding drug abuse that may be beneficial to parents and teens. You can also help educate patients on the SMARxT Disposal program, which they can follow at any time to dispose of their medications at home. Remember that any medication that you encourage your patients to dispose of:

- will never be accidentally ingested or poison anyone
- will never be stolen or sold
- will never be misused or abused by anyone
- will never cause an overdose
- will never be part of teens' experimentation with prescription drugs
- will never start or feed anyone's addiction
- will never be the catalyst for a criminal diversion case
- will not harm the environment via flushing and will not contaminate waterways or leach into water tables from landfills.

For more information, please visit *www.artakeback.com* for details about this program in Arkansas. Other useful resources on the Web include *www.ioit2me.com* and *www.smarxtdisposal.net.*

Message From AR-1 DMAT

AR-1 DMAT is looking for pharmacists to join its team. AR-1 DMAT is a member of the National Disaster Medical System that functions under the Department of Health and Human Services for the United States of America. AR-1 DMAT is made up of

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doctors, nurses, paramedics, EMTs, and pharmacists, as well as communications, safety, security, and logistical personnel.

The team meets every other month of the year for training, planning, and evaluation of the team's skills. The team comes out ready to work hard and help the people involved in any type disaster, whether natural or man-made. Previous deployments include New York for 9/11, New Orleans for Hurricane Katrina, Haiti for the earthquake, and recently to Joplin, MO, after the tornadoes.

The team's mission is to provide state-of-the-art medical care under any conditions at a disaster site, in transit from the impacted area, and into participating definitive care facilities.

AR-1 DMAT invites you to come to its next meeting to check the team out. For more information visit the Web site at *http://ar-1dmat.com* or contact Holly Elliott at 501/831-6233.

Pharmacist License and Other Permit Renewals

Renewal notifications for pharmacists, in-state retail pharmacies, and out-of-state retail pharmacies will be sent out in October. This year the Board of Pharmacy will be sending reminder cards to show once again how to link to the Board's Web site and renew your permit. These reminders will be sent to your mailing address on record with the Board office. If you need to change your mailing address on file with the Board, you must do so in writing (fax, mail, or e-mail) or by logging into your licensure file through the Board Web site at *www.arkansas.gov/asbp*. As in years past, part of the renewal process will be for pharmacists to report their continuing education (CE) for the last two years. As a reminder, the CE requirements for the current biennium include a total of 30 hours of CE credit with 12 of the hours being live hours and 12 of the hours being Accreditation Council for Pharmacy Education accredited. Specific questions regarding CE should be directed to Board staff. Only CE attained during the 2010-2011 biennium will count toward this requirement. Please remember that Board regulations require pharmacists to retain certificates of participation for proof of CE for a period of four years.

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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.*

The *Arkansas State Board of Pharmacy News* is published by the Arkansas State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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