



West Virginia Board of Pharmacy

Published to promote compliance of pharmacy and drug law

106 Capitol St • Suite 100 • Charleston, WV 25301 • www.wvbop.com

Lydia Main Named Board President; Carl 'Jody' Hedrick, Vice President.

As of July 1, 2012, Lydia Main was installed as the new president of the West Virginia Board of Pharmacy. She has served for a number of years as vice president. Outgoing president George Karos announced last December that he would not run for president again (although he continues to serve on the Board), so, at the March 2012 meeting, the Board unanimously nominated and elected Mrs Main to serve in the post for the next term. In his final meeting at the helm in June 2012, Mr Karos thanked the Board for allowing him to serve in the position and wished Mrs Main luck and future success as she took the officer position. With Mrs Main becoming president, the Board unanimously nominated and elected Jody Hedrick as the new vice president. The Board moved as one and voted to keep Charles Woolcock as the Board secretary.

For a bit of history, one only has to ask Mrs Main who the first female president of the Board was, and she will quickly tell you that it is her. In a neat coincidence, the West Virginia University School of Pharmacy recently sent some old pictures and framed documents to the Board, which included a "Commission of Pharmacy for the State of West Virginia" issued on January 31, 1894, to Mrs Willa M. Strickler of Farmington, WV. The commission states that she had passed the required examinations on March 25, 1892, showing that she was competent to practice pharmacy as a registered pharmacist. An old, type-written, yellowed note placed on the glass of the frame notes: "This is the Certificate of the first woman to be registered as a PHARMACIST in West Virginia." While the old registers at the Board cannot definitively confirm it, Mrs Strickler is the first name listed with a written-out female first name.

A book entitled *From the Everyday to the Extraordinary, West Virginia Pharmacists' Stories*, penned by Douglas Glover, MD, RPh, recounts some of Mrs Strickler's history in Chapter 12, including how she became the first member of the West Virginia Pharmaceutical Association in 1907. The book also discusses Lydia Main, as a pharmacist-mayor (as well as two other Board members, Sam Kapourales and George Karos). Clearly, Mrs Main has extended the path once started in West Virginia by Mrs Strickler. Congratulations to Mrs Main on being elected

president of the Board, and to the other officers on their posts, as they continue to guide the Board forward.

Reminders for Some of the New Requirements and Restrictions on Controlled Substances from Senate Bill 437 (2012 Regular Session)

As we make the transition to the new controlled drug restrictions in West Virginia as a result of Senate Bill 437 passed this past regular legislative session, a few reminders are in order. The following are not an exhaustive list of the changes by any means, but please note the following:

1. As of September 1, 2012, the new law requires that buprenorphine combined with naloxone prescribed or dispensed for treatment for opioid addiction be in the form of sublingual film unless medically contraindicated. The pharmacist must document why it is medically contraindicated before dispensing any other form. As the Board office is currently interpreting this, the pharmacist should consult with the prescriber with regard to the information as to the contraindications. Please note also: single product buprenorphine may be prescribed and dispensed as a tablet; the new requirement only applies to the combination product containing both buprenorphine and naloxone.
2. It is a requirement to report to the Controlled Substances Monitoring Program (CSMP) all dispensings of Schedule II-IV controlled prescriptions using the **full legal name**, address, and birth date of the person for whom the prescription is written. By rule, the Board specified that this information must match the government-issued photo ID of the patient. Further, new West Virginia Code §60A-9-4a requires "... the pharmacist or pharmacy to verify the full legal name, address and date of birth of the person receiving or otherwise acquiring the [Schedule II, III, or IV] controlled substance by requiring the presentation of a government-issued photo identification card ..." prior to "releasing" (delivering) it. However, some patients will not have photo IDs because they are minors, non-drivers who have not gotten an alternate

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AHRQ Toolset Can Assist Pharmacies Using e-Prescribing

A toolset released by the Agency for Healthcare Research and Quality (AHRQ) can assist independent pharmacies with the implementation of e-prescribing and may also provide useful guidance to those pharmacies already using e-prescribing. The toolset for independent pharmacies consists of seven chapters that provide guidance on topics ranging from planning the implementation process and launching the system, to troubleshooting common problems and moving into more advanced pharmacy services, states AHRQ. Flyers for use in communicating the launch to patients, templates for communicating with providers about the launch, tools for assessing pharmacy workflow, and a spreadsheet to determine return-on-investment, among other tools, are also available to pharmacies. The toolset can be downloaded from the AHRQ Web site at http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/a_toolset_for_e-prescribing_implementation_in_independent_pharmacies/30595.

FDA Database Provides Information on Pediatric Medications

A Food and Drug Administration (FDA) database provides information on pediatric medications, making it easier for both health care providers and caregivers to locate this information. The Pediatric Labeling Information Database is a one-stop resource, where providers and caregivers can search for information by the product's commercial or chemical name, or by the condition for which it was studied. The database was developed by FDA's Office of Pediatric Therapeutics (OPT), in collaboration with the Center for Drug Evaluation and Research. The OPT also provides a Safety Reporting page with information on products that have been tied to safety problems that specifically relate to children. Additional information and a link to the database is available in the Consumer Updates section of the FDA Web site at www.fda.gov/ForConsumers/ConsumerUpdates/ucm305040.htm.

Inattentional Blindness: What Captures Your Attention?



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. 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.

A pharmacist enters a prescription for methotrexate daily into the pharmacy computer. A dose warning appears on the screen. The pharmacist reads the warning, bypasses it, and dispenses the medication as entered. The patient receives an overdose of the medication and dies.

This error, and many more, have happened because the person performing the task fails to see what should have been plainly visible, and later, they cannot explain the lapse.¹ People involved in these errors have been labeled as careless and negligent. But these types of accidents are common – even with intelligent, vigilant, and attentive people. The cause is usually rooted in inattentional blindness.¹

Accidents happen when attention mistakenly filters away important information and the brain fills in the gaps with what is aptly referred to as a “grand illusion.”² Thus, in the example above, the brain of the pharmacist filtered out important information on the computer screen, and filled in the gaps with erroneous information that led him to believe he had read the warning appropriately.

Inattentional blindness is more likely to occur if part of your attention is diverted to secondary tasks, like answering the phone while entering prescriptions into the computer, or even thinking about your dinner plans while transcribing an order.

Low workload causes boredom and reduces the mental attention given to tasks, as does carrying out highly practiced tasks, such as counting out medication. We spend a large majority of our waking life functioning with the equivalent of an automatic pilot, with occasional conscious checks to ensure tasks are being carried out properly. This makes us particularly prone to inattentional blindness.

Our past experiences also teach us what is relevant. Errors occur when new or unusual circumstances happen in highly familiar situations. The pharmacist who did not notice important information on a computer warning had rarely encountered a clinically significant computer alert. The pharmacist had subconsciously learned that there was nothing important to see when reading alerts. Nothing had ever happened, so attention was automatically filtered away from the details to conserve mental processing.

Conspicuity is the degree to which an object or piece of information “jumps out” and captures your attention. The best way to achieve this effect is through use of contrast, color, or shape to call attention to differences in packaging or text.

It is difficult to reduce the risk of inattentional blindness, as it is an involuntary and unnoticed consequence of our adaptive ability to defend against information overload. Error-reduction strategies such as education, training, and rules are of little value. Instead, efforts should center on increasing conspicuity of critical information, and decreasing diversions of attention and secondary tasks when carrying out complex tasks.

1. Green M. “Inattentional blindness” and conspicuity. Visual Expert. 2004. Accessed at www.visualexpert.com/Resources/inattentional_blindness.html, March 1, 2012.

2. Angier N. Blind to change, even as it stares us in the face. The New York Times. April 1, 2008.

Know Your Dose Game Teaches Safe Acetaminophen Use

As part of the Know Your Dose campaign, the Acetaminophen Awareness Coalition has developed an interactive educational game to teach safe use of acetaminophen. The game not only answers some of the most common questions surrounding the safe use of acetaminophen, it gives an engaging face to the issue. The game, available on the



Know Your Dose Web site at www.knowyourdose.org/game, invites consumers to follow three characters through a typical day of aches and pains while helping the characters learn how to take medicine that contains acetaminophen safely.

Contraception Products Sold Online With No Prescription Required, Endangering Public Health

Health care providers should help to educate patients about the risks of prescription contraceptive products marketed online as “no prescription” and “over-the-counter” products, pharmaceutical security researchers conclude. A study by these researchers found that Google searches returned results for prescription contraceptive products such as injections, oral contraceptives, and patches, as well as intrauterine devices (IUDs). All of these products were marketed as available without a prescription and researchers found that sellers provided links to YouTube videos with IUD instructions. The researchers also found that these products were being promoted on social media channels, including Facebook, Twitter, SlideShare, and Flickr. Researchers Bryan A. Liang, MD, JD, PhD, Tim K. Mackey, MAS, and Kimberly M. Lovett, MD, conclude that such online contraceptive sales represent patient safety risks and also suggest that policy makers should “employ legal strategies to address these systemic risks.” The study, “Suspect Online Sellers and Contraceptive Access,” is available in the May 25, 2012 issue of *Contraception*.

New FDA Drug Info Rounds Training Video

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, available at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm313768.htm, pharmacists discuss the Accelerated Approval Program and how FDA helps make new, potentially lifesaving drugs available more quickly. Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

FDA Resources Help Raise Awareness About Health Fraud Scams

To help raise consumer awareness about health fraud scams, FDA provides numerous educational resources in the Health Fraud Scams section of its Web site. Educating consumers on how to avoid such scams, FDA videos present information on various types of fraudulent products such as fake diet, sexual enhancement, and body building products. Consumers can also access information about specific products that are the subject of FDA warning letters, recalls, public notifications, and safety alerts. FDA news releases related to health fraud are also accessible through this section of the Web site.

NABP Accepting Award Nominations for 109th Annual Meeting

The National Association of Boards of Pharmacy® (NABP®) is currently accepting nominations for the Association’s 2013 awards that will be presented during the 109th Annual Meeting, to be held May 18-21, 2013, at the Hyatt Regency St Louis at the Arch in St Louis, MO.

Nominations are currently being accepted for the following awards: 2013 Lester E. Hosto Distinguished Service Award (DSA), 2013 NABP Honorary President, 2013 Fred T. Mahaffey Award, and 2013 John F. Atkinson Service Award.

Nominations for these awards must be received at NABP Headquarters no later than December 31, 2012. New this year, individuals wanting to submit a nomination will be asked to fill out and complete a nomination form, which may be accessed by visiting the Meetings section on the NABP Web site at www.nabp.net/meetings. Criteria for award nominees will also be posted to the Web site. Nomination forms should be sent to the NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Dr, Mount Prospect, IL 60056. Directions for electronic submission will be available on the online form. The NABP Executive Committee will review the nominations and select the award recipients.

For more information, please contact the NABP Executive Office via e-mail at exec-office@nabp.net.

NABP Looking for Exam and Assessment Item Writers

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination®, the Multistate Pharmacy Jurisprudence Examination®, the Foreign Pharmacy Graduate Equivalency Examination®, the Pharmacy Curriculum Outcomes Assessment®, and the Pharmacist Assessment for Remediation EvaluationSM. Pharmacists in all areas of practice, and faculty from schools and colleges of pharmacy are encouraged to apply. Interested individuals should e-mail, fax, or mail a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a résumé or curriculum vitae:

- ◆ via e-mail at exec-office@nabp.net;
- ◆ via fax at 847/391-4502; or
- ◆ via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net. Additional information may also be found in the August 2012 *NABP Newsletter*.



Pharmacists & Technicians:
Don't Miss Out on Valuable CPE Credit.
Set Up Your NABP e-Profile and Register for CPE Monitor Today!

CPE Monitor™ integration is underway. Soon all Accreditation Council for Pharmacy Education (ACPE)-accredited providers will require you to submit your NABP e-Profile ID, assigned when you set up your NABP e-Profile, along with your date of birth (MMDD), in order to obtain continuing pharmacy education (CPE) credit for any ACPE-accredited activity. Many have already begun to do so.

Visit www.MyCPEmonitor.net to set up your e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.

ID, or for other various reasons. Some patients' ID cards will have a different address than that on their insurance card. Clearly, to meet the new §60A-9-4a requirement, someone with a proper ID will have to pick up or receive the prescription for that patient. With regard to properly reporting the patient's information, the Board is in discussions with the governor's office and others about how to practically handle this issue. Until then, please exercise your sound professional judgment as a pharmacist. Important things to consider are do you know the patient; are you sure that the prescription is legal, including being issued for a legitimate medical purpose; do you know the person picking up the medication; and is that person authorized by the patient to receive the medication on their behalf? Your professional judgment is a critical part of this process!

3. Pharmacies are required to submit information to the CSMP database within 24 hours. While that new requirement kicked in on June 8, 2012, the Board has been exercising discretion in enforcement as it upgrades the CSMP to handle the new information fields, and you adjust your systems as well. The Board's vendor, Mahantech, is upgrading the CSMP to the ASAP 4.2 standard for reporting, and plans to have it live by March 1, 2013. The Board will be sending out information to help you and your vendors implement these changes on the reporting side of the system. Thank you for your patience and help.
4. Per the changes to Chapter 60A, Article 10, beginning on January 1, 2013, the electronic transmission of the information for purchases of pseudoephedrine products required to be reported will no longer be sent to the Board's system, but shall be reported to the National Precursor Log Exchange system (referred to in the West Virginia Code as the MSRTTS), and shall be made in real time at the time of the transaction. If you are not already using this system, you may find information on how to get connected and compliant at the following Web site: www.nplex.service.com/.

A copy of Senate Bill 437 may be downloaded at the following Web site: www.legis.state.wv.us/Bill_Status/bills_text.cfm?billdoc=sb437%20sub3%20enr.htm&yr=2012&sesstype=RS&i=437.

Do Your Pharmacy Technicians Have a West Virginia Registration?

Recently, while conducting routine pharmacy inspections, a Board inspector discovered several nationally certified pharmacy technicians working without a West Virginia registration. Obviously, a pharmacist may not work in a West Virginia pharmacy without a state license, and neither may a technician, nationally certified or otherwise. Among the duties of the pharmacist-in-charge, per Rule §15-1-20.3.2.6, is to assure "... that all pharmacists and interns employed at the pharmacy are currently licensed and that all pharmacy technicians employed at the pharmacy are currently registered with the board." Rule 15-1-19.13.9 requires all pharmacists to adequately supervise them as well, which, naturally, would include ensuring that they are properly registered. As such, please be sure that all pharmacy technicians working in your pharmacy have a current West Virginia state registration posted on the pharmacy wall. If a person is a pharmacy technician trainee (PTT), you must fill out the PTT notification form. If he or she is ready to take the state exam after completing 2,080 hours, then you need to make sure he or she takes and passes the exam and gets his or her full registration. If he or she is a nationally certified technician, then he or she must register with the Board by completing Sections I, III, and IV of the application for registration as a pharmacy technician. This form can be found under the Applications/Forms tab on the Board's Web site.

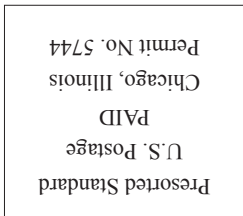
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The *West Virginia Board of Pharmacy News* is published by the West Virginia Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote compliance of pharmacy and drug law. The opinions and views expressed in this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

West Virginia Board of Pharmacy

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