



Iowa Board of Pharmacy

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Board Employees Retire

Bernie Berntsen



Iowa Board of Pharmacy employee **Bernie Berntsen, RPh**, of Marion, IA, retired on December 30, 2011. Bernie served as a compliance officer for seven years, beginning September 27, 2004. Prior to his tenure with the Board, Bernie worked as a community pharmacist for Walmart, Hy-Vee, Pamida, and Econofoods at a variety of locations in eastern Iowa. (Pictured left: Bernie and his wife, Carol.)

Barb Lee



Board employee **Barb Lee** of Des Moines, IA, retired on January 3, 2012. She began her 33-year employment with the state of Iowa in October 1978 as an employee of the Department of Transportation. She came to the Board of Pharmacy as a clerk specialist on October 30, 1998, and served 13 years in that position.

The Board thanks Bernie and Barb for their dedicated service to the Board and the public and wishes them a long and happy retirement.

New Board Compliance Officer

Mark D. Mather



Mark D. Mather, RPh, of Robins, IA, began employment with the Board as a compliance officer on September 9, 2011. Mark is a graduate of the University of Iowa College of Pharmacy. He worked for Osco Drug/American Drug Stores in Marion, IA, from 1995 to 2000 and for Hy-Vee in Cedar Rapids, IA, from 2000 to 2011. Mark's wife, Christine (Chris) Mather, is also a pharmacist. Mark's current territory includes the following Iowa counties: Worth, Mitchell, Hancock, Cerro Gordo, Floyd, Humboldt,

Wright, Franklin, Butler, Hamilton, Hardin, Grundy, Black Hawk, and Benton. Mark receives e-mail at Mark.Mather@iowa.gov.

In Memory of . . .

Venetta M. Fiedler



Former Board member **Venetta M. Fiedler** of Spencer, IA, passed away on November 21, 2011, at the age of 97. Venetta served as a public member of the Iowa Board of Pharmacy for nine years, from May 1, 1974 to April 30, 1983. Venetta was born in Greenville, IA. She was a graduate of the Chicago School of Nursing. Venetta was the first woman in Iowa to be licensed as a private investigator. She also earned a private pilot's license. Venetta had an indomitable spirit. Her motto in life was "**Just Do It.**" She was active in the Red Cross, the Iowa Department of Elder Affairs, AARP, and a host of other groups. Venetta never sat still. She was devoted to her family and the farm that she and her husband, Jack, had together. Venetta's record of involvement in local, state, and national organizations is a legacy of distinguished service and accomplishment. Her many contributions will long be remembered.

Iowa Prescription Monitoring Program Update

As of December 18, 2011, 2,956 prescribers and 1,208 pharmacists have registered to use the Iowa Prescription Monitoring Program. The number of data queries by prescribers grew by over 400% between 2009 and 2011, from 16,806 queries in 2009 to 68,282 in 2011. The number of queries by pharmacists grew by nearly 40% during the same time period, from 5,703 queries in 2009 to 7,935 in 2011. The prescription monitoring program is showing significant increases in the use of controlled substances in Iowa. Since January 1, 2008, the number of patients receiving Schedule II medications increased from 182,755 to 313,774 (a 71.7% increase). The number of total prescriptions for Schedule II, III, and IV controlled substances grew by 6.4% between 2008 and 2011. The program is successfully reducing the incidence of patients who utilize multiple pharmacies and multiple prescribers to obtain controlled substances. The number of patients who received controlled substances from five or more prescribers or pharmacies decreased by nearly 53% between 2009 and 2011, from 3,293 incidents to 1,549. This downward trend is continuing in 2012.

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FDA Recommends Use of Sterile Needle and Syringe for Administration of Inactivated Influenza Vaccines

Food and Drug Administration (FDA) recommends that health care providers use a sterile needle and syringe to administer inactivated influenza vaccines. The recommendation was released in response to questions regarding the use of jet injector devices to administer inactivated influenza vaccines. FDA advises that “inactivated influenza vaccines that are approved by FDA have information in their labeling stating how the vaccines should be administered, such as, by intramuscular (IM) or intradermal (ID) administration.” Further, FDA clarifies its October 21, 2011 communication “to inform the public that inactivated influenza vaccines labeled for IM injection are intended for administration using a sterile needle and syringe. There is one inactivated influenza vaccine labeled for ID administration, this vaccine is supplied in its own pre-filled syringe. The live attenuated influenza vaccine is given through the nose as a spray; the sprayer is not a jet injector.” FDA also notes the following:

- ◆ Currently, there is only one vaccine, Measles, Mumps, and Rubella (MMR), that is approved and specifically labeled for administration by jet injector.
- ◆ Safety and effectiveness information that would support labeling inactivated influenza vaccines for delivery by jet injector have not been submitted to FDA.
- ◆ At this time, there are no inactivated influenza vaccines that are approved and specifically labeled by FDA for administration by jet injector.

FDA recommends that all approved vaccines, including influenza, be administered in accordance with their approved labeling, and FDA advises that if a vaccine has been approved for administration with a jet injector, information specifically addressing vaccine use with a jet injector will appear in the vaccine labeling. Additional background information is available in the communication posted on the FDA Web site at www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm276773.htm.

The Centers for Disease Control and Prevention continues to encourage people to get vaccinated throughout the flu season, which can begin as early as October and last as late as May. For information about the flu vaccine visit www.cdc.gov/flu.

‘Tell Back’ Works Best to Confirm Patient Understanding



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.

In the past few years, multiple studies have demonstrated that patients often leave medical encounters with a poor understanding of their health conditions and recommended treatment. One recent study on this subject demonstrates the low level of understanding patients have about follow-up care and medication therapy upon discharge from the emergency department (Engel KG et al. Patient Comprehension of Emergency Department Care and Instructions: Are Patients Aware of When They Do Not Understand? *Ann Emerg Med*. Available on the journal Web site).

Given the importance of patient understanding of medical information, there are surprisingly few studies that point out how to approach this task. However, a study published in 2008 offers some insight into what approach to assessing understanding of medical information patients most prefer and perceive to be the most effective (Kemp EC, et al. Patients Prefer the Method of “Tell Back-Collaborative Inquiry” to Assess Understanding of Medical Information. *J Am Board Fam Med* 2008;21(1):24-30). Researchers tested three types of inquiry about the patient’s understanding:

- ◆ Yes-No
- ◆ Tell Back-Directive
- ◆ Tell Back-Collaborative

The Yes-No approach asked closed-ended questions to assess patient understanding. (Example: “I’ve given you a lot of information. Do you understand?”) The Tell Back-Directive method used open-ended questions that were physician-centered and paternalistic in that it was clear authority and control still remained with the physician. (Example: “It’s really important that you do this exactly the way I explained. What do you understand?”) The Tell Back-Collaborative approach used open-ended questions that were patient centered, making it clear that power and responsibility were shared between the health care provider and patient. (Example: I imagine you are really worried about your blood pressure. I’ve given you a lot of information. It would be helpful to me to hear your understanding about your clot and its treatment.)

Patients showed a significant preference for the Tell Back-Collaborative inquiry over other tested approaches. Because of the potential for embarrassment if patient misunderstandings are exposed, one might anticipate health care providers’ reluctance to put patients “on the spot” with open-ended questions. But a collaborative approach to Tell Back allows the patient to save face for misunderstandings by acknowledging the large amount of information being provided. Patients might also view the request for Tell Back as evidence of the health care provider’s care and concern for them personally, or evidence of the provider’s attention to detail and competence. So, when counseling patients about their medications, instead of asking “Do you have any questions?” or “Do you understand?” ask them to restate their understanding of the information you provided in their own words within a shame-free, blame-free environment.

DEA Clarifications on Certification Process for Audits of EPCS Software

Drug Enforcement Administration (DEA) emphasizes that third-party audits of software applications for Electronic Prescriptions for Controlled Substances (EPCS) must encompass all applicable requirements in DEA regulations, including security, and must address “processing integrity” as set forth in the regulations. Further, DEA recommends that where questions or gaps may arise in reviewing a particular applica-



tion, federal guidelines set forth in National Institute of Standards and Technology Special Publication 800 – 53A should be consulted. DEA has also announced the first DEA-approved certification process for EPCS. Certifying organizations with a certification process approved by DEA pursuant to the regulations are posted on DEA's Web site at www.deadiversion.usdoj.gov/e-comm/e_rx/thirdparty.htm#approved. Detailed background information is provided in the Federal Register Notice, available for download at www.gpo.gov/fdsys/pkg/FR-2011-10-19/pdf/2011-26738.pdf.

'Script Your Future' Provides Tools and Outreach to Encourage Medication Adherence

United States Surgeon General Regina Benjamin called upon pharmacists, physicians, nurses, and other health care providers to talk with their patients about the importance of taking medications as directed to help prevent serious health complications at the recent launch of the national campaign, "Script Your Future." Benjamin also "encouraged patients with chronic conditions to speak with their health care professionals about their medication" as noted in a press release. A survey released by the National Consumer League, the organization that developed Script Your Future, indicates that "patients who do not always take their medication as directed are less likely to have received a full explanation of the consequences of their condition, and are less convinced of the importance of adherence." The Script Your Future campaign is targeting six regional areas with outreach activities and advertising, and more information is available at www.ScriptYourFuture.org. The campaign brings together "stakeholders in health care, business, and government to offer practical tools for patients to help them better adhere to their medication, and to help health care professionals better communicate with patients." More information about the campaign is available in a press release at www.prnewswire.com/news-releases/us-surgeon-general-joins-baltimore-launch-of-the-national-script-your-future-campaign-to-highlight-importance-of-taking-medications-as-directed-133077423.html.

FDA Releases 'Use Medicines Wisely' Video

FDA Office of Women's Health has released a new public service announcement (PSA) video titled, "Use Medicines Wisely," to help raise awareness about safe medication use. As stated in an FDA news release, "Millions of people benefit from FDA approved medications and are living longer productive lives. However, when medications are used incorrectly, they can cause serious injuries, even death. Many of these injuries can be prevented."

The video shows simple steps women can take to use medications wisely. Viewers are reminded to:

- ◆ Make a list of the medications they take
- ◆ Keep their medication list with them at all times
- ◆ Know the name of each medication, why they are taking it, how much to take, and when to take it
- ◆ Talk with their doctor, nurse, or pharmacist to find out how to safely use their medications

In addition to the video, a medications record-keeper, fact sheets, and other safe medication use resources are available on the FDA Web site.

Training Video Provides Tips on Preventing Pharmacy Robbery

Rx Pattern Analysis Tracking Robberies and Other Losses (RxPATROL) has released a training video discussing pharmacy robbery and how to prevent it. The video features a pharmacist and law enforcement

liaison as they tour a pharmacy, evaluating security measures and discussing additional steps that can be taken to prevent robbery. RxPATROL is an initiative designed to collect, collate, analyze, and disseminate pharmacy theft intelligence to law enforcement throughout the nation. RxPATROL is designed to gather and disseminate critical information to help protect pharmacists, guard against potential robberies, and assist law enforcement in their efforts to successfully apprehend and prosecute those involved in controlled substance pharmacy crime. The training video can be accessed on the RxPATROL Web site at <http://rxpatrol.org/TrainingVideos.aspx>.

Nearly 20 Products Marketed as Natural Supplements Contain Sibutramine, FDA Warns

FDA has posted public warnings regarding 19 products, frequently marketed as natural supplements, and found to contain sibutramine, a controlled substance that was removed from the US market in October 2010 for safety reasons. These products pose a threat to consumers because sibutramine is known to substantially increase blood pressure and/or pulse rate in some patients and may present a significant risk for patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke. These products may also interact in life-threatening ways with other medications a consumer may be taking. FDA warnings included products marketed as "Slender Slim 11," "Dream Body Slimming Capsule," "Acai Berry Soft Gel ABC," and 16 other product names. The products included in the warnings are being sold on Web sites and in some retail stores. FDA advises consumers not to purchase or use the products listed in the warnings. Consumers who have purchased any of these products should stop use immediately. And if consumers have experienced any negative side effects from using these products, they should consult a health care provider as soon as possible. The complete list of warnings is available on the FDA Web site at www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/MedicationHealthFraud/ucm234592.htm.

2012 Survey of Pharmacy Law Now Available

Serving as a convenient reference source for individuals seeking an overview of the state laws and regulations that govern pharmacy practice, the updated 2012 *Survey of Pharmacy Law* is now available and can be purchased online for \$195 by visiting the NABP Web site at www.nabp.net/publications.

The *Survey*, produced in a CD format, consists of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Newly added this year, a question in Section 17, Wholesale Distributor Licensure Requirements, asks which state agency has regulatory authority over medical device distributors. In addition, a newly added question in Section 22, Electronic Transmission of Prescriptions: Computer-to-Computer, asks whether the state allows electronic prescribing of controlled substances.

Updates for the 2012 *Survey* were graciously provided by the state boards of pharmacy. In addition to the boards' support, NABP requested data from relevant health care associations for the *Survey's* prescribing authority and dispensing authority laws in Sections 24 and 25, and laws pertaining to the possession of non-controlled legend drugs and possession of controlled substances in Sections 26 and 27.

All final-year pharmacy students receive the *Survey* free of charge through the generous grant of Purdue Pharma L.P.

For more information on the *Survey*, please contact Customer Service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

Top 10 Controlled Substances in Iowa by Number of Doses Dispensed: January 1, 2011 to December 18, 2011

Controlled Substance	No. of Prescriptions	Doses Dispensed	Approx. Doses/ Prescription
Hydrocodone	1,209,256	72,277,615	60
Alprazolam	420,732	26,185,742	60
Oxycodone	304,138	23,852,290	80
Lorazepam	283,492	15,158,234	50
Clonazepam	257,211	15,102,650	60
Methylphenidate	303,452	14,275,858	50
Zolpidem	393,138	11,657,284	30
Amphetamine	231,708	11,292,611	50
Codeine	127,126	7,079,996	60
Morphine	80,570	5,663,264	70

Fifty-Year Pharmacists

The Board congratulates the following 19 Iowa pharmacists who were originally licensed in 1962, have continuously maintained their Iowa pharmacist license, and have devoted a half-century of service to the public and the profession:

- Larry D. Albrecht Ida Grove, IA
- Harry L. Bebensee Gilbert, AZ
- Robert G. Dean Sioux City, IA
- Arthur W. Fairfield Sioux City, IA
- Kenneth A. Fann Atlantic, IA
- Robert C. Graef Coralville, IA
- Robert L. Griffiths Okoboji, IA
- Vernon L. Henrich Missouri Valley, IA
- Harry B. Jones III Dunedin, FL
- Richard L. Jensen Des Moines, IA
- Harold C. Jackson Winterset, IA
- Paul Q. Klufa Ames, IA
- Carl W. Kolpin Moose Lake, MN

- Richard J. Miller Council Bluffs, IA
- Philip L. Metcalf Leon, IA
- Terry K. Sampson Tucson, AZ
- Marvin R. Smith Mason City, IA
- Marlin J. Stirm Ankeny, IA
- Robert L. Vaughn Urbandale, IA

Board Meeting Calendar for 2012

The following meeting dates have been set for future Board meetings:

- ♦ March 6-7, 2012 (new date!)
- ♦ May 2-3, 2012
- ♦ June 26-27, 2012
- ♦ August 28-29, 2012
- ♦ November 7-8, 2012

These meetings will be held at the Board office in Des Moines. Meeting agendas will be posted on the Board's Web site. Dates are subject to change. Please check with the Board office at 515/281-5944 to confirm.

Board Web Site

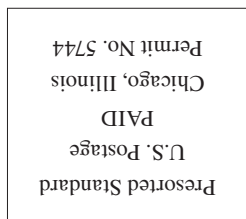
Please visit the Board's Web site at www.state.ia.us/ibpe/.

Board Mission

The Iowa Board of Pharmacy promotes, preserves, and protects the public health, safety, and welfare through the effective regulation of the practice of pharmacy and the licensing of pharmacies, pharmacists, and others engaged in the sale, delivery, or distribution of prescription drugs and devices. Iowa Code §155A.2(1).

The *Iowa Board of Pharmacy News* is published by the Iowa 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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