



Iowa Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Fee Reduction

The Iowa Board of Pharmacy is pleased to announce that it will be lowering nearly all of its various license and registration fees by at least 10% during 2013. This action is required by Iowa Code, Section 147.80(2) so that Board revenues align more closely with Board expenditures. The Board will publish a new fee schedule as soon as it is available. Please watch the Board's Web site for more information.

The Regulation of Compounding

The practice of pharmacy compounding, and particularly sterile compounding, has been the center of attention since the outbreak of fungal meningitis cases across the United States due to the distribution of contaminated products. At the center of the storm is a compounding pharmacy located in Massachusetts that holds an Iowa nonresident pharmacy license. The Board wishes to take this opportunity to remind all pharmacists who engage in sterile compounding of the importance of complying with the minimum standards of practice. The Board's rules for sterile compounding practices can be found in 657 I.A.C. Chapter 13, which is a 13-page document. Chapter 13 incorporates most of the United States Pharmacopeia Chapter 797 standards and was adopted by the Board after a long and thoughtful process, with patient safety being the number one concern. While the Board supports compounding by pharmacies to meet unique patient needs, it has always taken the enforcement of sterile compounding requirements very seriously. Between 1993 and 2012, the Board took formal disciplinary action in approximately 52 cases involving compounding and/or sterile compounding. Actions were taken against 18 pharmacies, 22 pharmacists, and two pharmacy technicians. In addition, eight emergency orders were issued. These cases involved a myriad of issues, including the compounding of inhalation/nebulizer products, intrathecal products, fertility products, and animal drug products; the preparation of commercially available products; the improper delegation of pharmacist functions to technicians; the lack of proper training; the lack of policies and procedures; and the absence of appropriate product testing. Some of the cases resulted in the closure of pharmacies or the discontinuance of compounding services.

Of further concern are the out-of-state pharmacies that hold Iowa nonresident licenses and ship compounded products into Iowa. The Board estimates that it has as many as 200 compounding pharmacies licensed outside of Iowa. In the past, the Board has relied on the home states of those pharmacies to conduct inspections and ensure compliance with all applicable regulations. The Board is now exploring the feasibility of conducting out-of-state inspections under its own authority, with the goal of protecting Iowans from injurious products and harmful practices. Pharmacists and consumers who become aware of problems with any drug product are encouraged to file a report with the Board and with the Food and Drug Administration through the MedWatch program, located online at www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm.

False Patient Identities

It has recently been brought to the Board's attention that some patients are providing false identification to physicians when obtaining prescriptions for controlled substances, thereby circumventing the prescription monitoring program. Pharmacists are encouraged to request a government-issued photo ID from patients who pick up prescriptions for controlled substances, particularly those patients who are not known by the pharmacist.

DEA Prohibits Pharmacies from Sending Pre-Populated Prescriptions

The US Drug Enforcement Administration (DEA) recently interpreted the legality of pharmacies that serve nursing homes sending letters to physicians reminding them that a controlled substance (CS) prescription for a patient had run out or no longer had refills. DEA confirmed that reminder letters are permissible and can provide the prescriber with the patient's name, the drug name, and other relevant prescribing information. However, the letter cannot pre-populate any of the fields in the actual prescription to be transmitted to the pharmacy. DEA stated that, "... a pharmacy may not initiate a reminder letter to a prescribing practitioner that provides a partially or fully pre-populated form for the prescribing practitioner because the practitioner has not yet made the determination, in the usual course of professional

Continued on page 4



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.

Continued from page 1

practice, that there is a legitimate medical purpose for the prescription.” Pharmacists should be aware of DEA guidance on this issue and ensure appropriate compliance with DEA’s regulations on prescriptions and related regulations and laws.

NABP Field Services Assists with Iowa Inspections

The Board has partnered with the National Association of Boards of Pharmacy® (NABP®) Field Services Department to assist Board staff with inspections and surveys in Iowa. Launched in 2011, an inspection and education program for controlled drug registrants is helping to ensure that CS are managed properly by registrants. NABP surveyors were trained to evaluate compliance with Iowa’s criteria, and conducted inspections using official Board forms. During a pilot of 50 registrants in 2011, NABP surveyors inspected CS registrant sites as assigned by the Board, and surveyed to ensure that CS drugs are handled, stored, and tracked in compliance with federal laws and Iowa requirements. During the first six months of 2012, NABP staff surveyed 500 CS registrants in central Iowa. NABP surveyors checked licenses, drug documentation, and drug inventories. They also provided education and training to some registrants. The Board has also partnered with NABP to provide a program for surveying pharmacy dispensing practices to ensure that patient care and dispensing services provided by Iowa pharmacies meet state requirements. NABP surveyors visit pharmacies, present valid prescriptions to be filled, and make observations about the entire dispensing process. Elements evaluated include whether a patient history was obtained; whether patient counseling services were provided by the dispensing pharmacist; whether the pharmacy adhered to Health Insurance Portability and Accountability Act requirements; and whether the prescription was dispensed accurately.

Board Meeting Dates for 2013

The Board will meet in regular session on the following dates in 2013:

- ◆ January 15-16, 2013
- ◆ March 12-13, 2013

- ◆ April 23-24, 2013
- ◆ June 25-26, 2013
- ◆ August 27-28, 2013
- ◆ November 5-6, 2013

All meetings will be at the Board office in Des Moines, IA. Please contact the 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).

Happy Holidays

The Board members and staff wish everyone a safe and happy holiday season.

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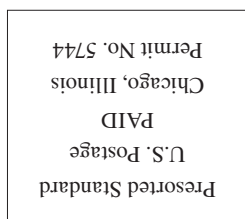
Page 4 – December 2012

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