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Kansas State Board of Pharmacy News

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Methamphetamine Precursor Reporting

Sales of all nonprescription medications containing pseudoephedrine or ephedrine are regulated by state and federal laws. All sales of these medications must be reported electronically in the National Precursor Log Exchange (NPLEx) reporting system. If the software tells the pharmacy to stop the sale, that means that the patient has purchased over his or her legal limit. **Do not** override the system unless you have been threatened. All override reports go to law enforcement and they will check those out. Any patient with a question can be addressed through NPLEx at 888/576-7538 or online at *https://nplexanswers.com*. Make sure you give the patient his or her transaction ID number so that when he or she calls NPLEx they can look up the purchase attempt through the ID number. Do not refer the patient to the Kansas Bureau of Investigation or the Kansas State Board of Pharmacy office, but have him or her contact NPLEx because they have all of the data and can disclose it to the patient.

Drug Enforcement Administration (DEA) still requires every pharmacy that sells nonprescription pseudoephedrine, ephedrine, and phenylpropanolamine to verify annually that their employees have received training under the Combat Methamphetamine Epidemic Act of 2005. To start the self-certification process, go to *www.DEAdiversion.usdoj.gov*. Scroll to the right and down until you reach a yellow square labeled "Combat Meth Act of 2005." After you fill in the information required you will be able to print out the certificate. Keep the certificate at the pharmacy so that the inspector can find it.

Changes to K-TRACS Reporting Requirements

The Board made several modifications to the Kansas Tracking and Reporting of Controlled Substances (K-TRACS) reporting regulations. One of the amendments included changing the definition of "patient identification number." The patient identification number is the patient's unexpired or permanent driver's license number or state-issued identification card number. If the patient does not have one of these numbers, the pharmacy should use the patient's insurance identification number. If there is no insurance number, the dispenser should use the patient's first, middle, and last initials followed by the patient's eight-digit birth date. The legislature required that the Board collect some type of unique number for each patient. The unique number helps identify the correct patient when a query is done through K-TRACS.

The second amendment to the regulation related to those dispensers who have a "zero report" or no dispensing of controlled substances or drugs of concern activity for a given period of time. If the pharmacy has a zero report they will still need to report this every seven days. If the dispenser does not file a report it appears that they have failed to report, so zero reports must be filed every seven days.

At the first of the year, K-TRACS will start requiring dispenser reporting every 24 hours. This will not apply if the dispenser has a zero report. Zero reports will still be required every seven days.

The Board amended the regulation classifying drugs of concern. The drugs of concern that must be reported under K-TRACS are (1) any product containing all three of these drugs: butalbital, acetaminophen, and caffeine; (2) tramadol; and (3) any compound, mixture, or preparation that contains any detectable quantity of ephedrine or pseudoephedrine, its salts or optical isomers, or salts of optical isomers, and is exempt from being reported to NPLEx. In other words, prescription drugs containing pseudoephedrine or ephedrine need to be reported through K-TRACS since only nonprescription sales are reported to NPLEx.

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/inattentionalblindness.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 honorary president and 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 Evaluation℠. 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*.

Office Use Prescriptions

The Board has been asked on occasion whether an "office use" prescription is valid. The answer is no. Medications prescribed must be dispensed to a patient. When medication is sent from a pharmacy to a practitioner for administration, the transfer is considered a distribution.

The transfer of a prescription medication is permitted from one pharmacy to another pharmacy or practitioner. The transfer must be documented with an invoice record. The invoice record must have the name, strength, form of the medication, the name and address of both the seller and the purchaser, and the date of the sale. This record should be maintained for five years with your pharmacy records.

If the transfer is a controlled substance, the invoice must also include the DEA number of both the seller and the purchaser. If the medication is a Schedule II medication, the purchaser must provide a DEA Form 222 to the seller before the transfer is completed.

A retail pharmacy may transfer prescription drugs to another retail pharmacy to alleviate a temporary shortage, except that the gross dollar value of these transfers shall not exceed 5% of the total prescription-only drug sales revenue of either the transferor or the transferee pharmacy during any period of 12 consecutive months. If a pharmacy is selling more than 5% they should be registered as a wholesale distributor.

DEA Ruling on Refill Authorization Forms

Please be advised that DEA ruled that faxed refill authorization forms for prescribers are not allowed. The DEA ruling is an interpretation of CFR 1306.04(a) and 1306.05(f) related to the purpose and manner of issuing prescriptions. DEA's position is that since the pharmacy computer software system prepopulates the fields allowing the prescriber to simply sign and date the request or fill in a few blanks, it is not a valid prescription. Since the pharmacist is not an agent of the prescriber, this type of renewal prescription request for prescribers is not allowed. This applies to prescriptions for controlled substances only.

Special Notice About the Kansas State Board of Pharmacy Newsletter

The Kansas 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.

Pharmacist's Corresponding Responsibility

The responsibility for the proper prescribing and dispensing of medications lies primarily with the prescribing practitioner. However, a corresponding responsibility rests with the pharmacist who fills a prescription order. The DEA recommends that a pharmacist scrutinize each prescription. Some things to look for are quantities, directions, or dosages that differ from usual medical usage or practice. Check to see if the prescription has been presented in a reasonable length of time since the prescriber wrote it. If the patient is returning too frequently or refilling the same prescription on a weekly or even a daily basis, it may be fraudulent. To prevent diversion, know the patient and his or her medication history. Get to know your prescribers and their signatures and DEA registration numbers. If you see anything that is suspicious, call the prescriber using the telephone book or your record of his or her telephone number and not the number on the prescription for verification or clarification. If you believe that you have received a forged, altered, or counterfeit prescription, do not dispense it. Call your local police department.

The *Kansas State Board of Pharmacy News* is published by the Kansas 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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