September 2011

Kansas State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

800 SW Jackson St, Ste 1414 • Topeka, KS 66612 • *www.kansas.gov/pharmacy/*

Electronic Prescribing In Kansas

Kansas state law permits the use of electronic prescribing of a non-controlled substance pursuant to K.S.A. 65-1637. Prescriptions for **non-controlled** medications may be given as a hard copy written prescription, a telephonic prescription, a faxed prescription, or by use of other electronic transmission. In 2009, the American Recovery and Reinvestment Act authorized payments to prescribers participating in Medicaid or Medicare if they used electronic prescribing. The incentives to practitioners began in 2011. Therefore, a prescriber in Kansas may send an electronic prescription for a non-controlled drug to a pharmacy and it may be filled.

In 2008, Drug Enforcement Administration (DEA) began revising its regulations to allow the creation, signature, transmission, and processing of controlled substance prescriptions electronically. The DEA Final Rule became effective on June 1, 2010, allowing (ie, not mandating) the electronic prescribing of controlled substances (EPCS). The application requirements are detailed in 21 CFR 1311.205 and are somewhat complex. According to the DEA Web site, the application must be able to import, display, and store the required contents of a controlled substance prescription accurately and consistently. Both e-prescribing point of care vendors and pharmacy software vendors must meet certain requirements before they can facilitate or allow EPCS.

Currently, there is limited availability to EPCS. Three states have the added functionality that permits them to EPCS; they are Virginia, Texas, and California. If there are no insurmountable barriers or problems encountered, the rest of the states will receive the added functionality. Some states will also need to change their laws before allowing EPCS. The Kansas State Board of Pharmacy has made changes to Kansas law so that Schedules III and IV can be electronically submitted. The Board is drafting additional changes to permit electronic Schedule II prescriptions.

Each pharmacy software vendor will need to be certified by a third-party auditing vendor. The software vendor should provide the pharmacy with a copy of its audit or certification report. The documentation should indicate that their products have been certified to meet DEA's requirements by SysTrust, WebTrust, SAS 70, or other organizations sanctioned by DEA to provide certification and audit services. Once the pharmacy receives the audit or certification report they will be allowed to accept EPCS. Prescribers will also be required to use vendors who have been certified. A pharmacy will not need to verify whether the prescriber has been certified. If they are certified, their controlled substance prescriptions will automatically go through to the pharmacy.

The Board of Pharmacy will continue to update pharmacies on the use of EPCS in Kansas. These changes will require a great deal of coordination among pharmacies and prescriber technology vendors, so it may be several months before this is available. When a prescriber is permitted to electronically prescribe controlled substances in Kansas the Board will provide notification to all pharmacies.

Fifty-Year Pharmacists

The Board of Pharmacy is grateful to the following distinguished individuals who have contributed 50 years of service to the pharmacy profession and to the health and well-being of the citizens of Kansas. The Board is proud of their accomplishments and they deserve the recognition and acknowledgement of their profession.

William Richmond ..... Leawood, KS
Charles Evans-Lombe ..... Coffeyville, KS
Thomas Dyer ..... Hutchinson, KS
Hal Schwarz ..... Wichita, KS
Thomas Todd ..... Versailles, MO
Theresa Morgan ..... Garden City, KS
Janice Parsons ..... Manhattan, KS
James Kinderknecht ..... Topeka, KS
Eugene Patterson ..... Wichita, KS
Kim Ong ..... Sunnyvale, CA
Hugh Charles ..... Parsons, KS

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 30 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*.

Board Member Appointments

Governor Sam Brownback has appointed two individuals to their first term on the Kansas State Board of Pharmacy. Chad Ullum, RPh, graduated from the University of Kansas School of Pharmacy in 1996. He is a district manager of Walgreens Pharmacy and he succeeds Karen Braman, RPh, on the Board. Chad's term expires in 2015.

Robert Haneke, PharmD, is a 1977 graduate of the University of Kansas School of Pharmacy. Dr Haneke is the owner of Pharmasource in Sylvia, KS, and he has an extensive background in hospital pharmacy. Dr Haneke succeeds Frank Whitchurch, RPh, on the Board and his term expires in 2015.

The Kansas State Board of Pharmacy and staff welcome Mr Ullum and Dr Haneke and wish them great success and accomplishment during their tenure on the Kansas State Board of Pharmacy. The Board also greatly appreciates the years of dedicated service and leadership provided by Ms Braman and Mr Whitchurch.

New Board Staff

The Board of Pharmacy would like to welcome Holly L. Fisher, JD, to the Board staff. Holly has been hired as compliance counsel and will represent the Board in disciplinary and legal matters. Holly was previously employed with Swanson Midgley, LLC, in Kansas City, MO, and she is licensed in Missouri and Kansas. She obtained her juris doctor degree from Washburn University School of Law and graduated with Dean's Honors in May 2008. She obtained her bachelor of science, *cum laude,* at the University of Utah. Holly is married and has four children. She and her family reside in Topeka, KS. Holly is a welcome addition to the Board staff and will assist the Board and the executive secretary.

Disciplinary Actions

Jean Ricard, Pharmacy Technician #14-00764. Revocation of registration for drug diversion of hydrocodone from employer.

Justin Hutmacher, Pharmacy Technician #14-09084. Revocation of registration for diverting hydrocodone, Cialis®, Viagra®, and Levitra® from employer.

Dolores Warnica, Pharmacy Technician #14-08630. Revocation of registration for refilling an unauthorized prescription for lorazepam.

Walter Calvin, Pharmacy Technician #14-05820. Denial of renewal for failure to report a felony conviction to the Board on his renewal application.

Kansas Prescription Monitoring Program

As most of you know, Kansas recently implemented a new prescription monitoring program (PMP), called K-TRACS, designed to track the sale of controlled drugs and drugs of concern, including carisoprodol, tramadol, and Fiorcet®. Kansas joins 43 other states in using a PMP in an effort to reduce the diversion and improper use of these drugs while ensuring their availability for legitimate use. Prescribers and pharmacists are able to use the patient information available in the system in a variety of ways including detecting substance abuse problems and assisting the patient in finding treatment, supplementing the patient's evaluation, confirming the patient's drug history, and documenting the patient's adherence to medication therapy.

The K-TRACS database includes all retail and outpatient dispensing records, except emergency room-dispensed quantities for 48 hours or less. Besides including drugs dispensed by Kansas pharmacies, it also includes drugs dispensed to Kansas residents by nonresident pharmacies. If a prescriber or pharmacist has a concern about a patient, he or she can look up the patient's history in K-TRACS. The database will show the controlled drugs and/or drugs of concern the patient has received within the specified time period, the prescriber's name, and where the drugs were dispensed. Information will be available within seconds. Prescribers and pharmacists must register with K-TRACS before being able to utilize the service. Additionally, every dispenser who is able to access K-TRACS must post a sign indicating this or provide written information to patients. Instructions on meeting this requirement are available on the Kansas PMP Web site.

Information in the K-TRACS database is protected and limited to certain groups. Prescribers and dispensers may access the data to provide medical and pharmaceutical care. Individuals may ask the Board for their own information (they may be charged a fee to do so). Law enforcement agencies may ask for information regarding specific people provided they have a signed search warrant and administrative oversight agencies can access information if they have a bona fide open investigation on a licensee. Also, people conducting statistical research or providing education may ask for de-identified data.

Although pharmacists are not required to use K-TRACS other than to report dispensing information, the benefits of obtaining querying access to obtain patient information are numerous. K-TRACS provides critical information for educating patients and treating them effectively. Prescribers and pharmacists are able to make well-informed decisions before prescribing or dispensing a controlled substance in cases where legitimate need may be questionable. Perhaps the most important benefit of K-TRACS, though, is increased patient safety including the potential of identifying and treating patients who have a substance abuse problem. As you use and become familiar with K-TRACS, the Board hopes you see a benefit to your practice. And thank you for your efforts in making this program possible.

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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