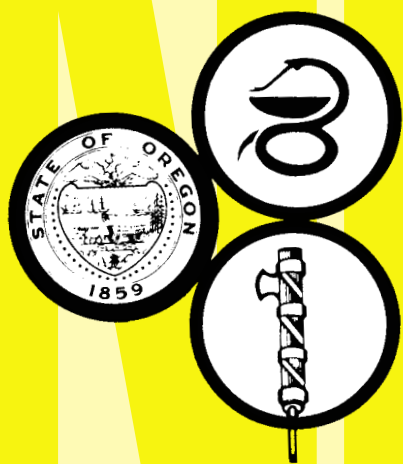


August 2005



# NEWS

## Oregon State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

800 NE Oregon St, Room 425  
Portland, OR 97232

### **No. 380: Pharmacy Technician Licensing Legislation**

In June of 2005, the Oregon Legislature passed Senate Bill 512 which authorizes the Oregon State Board of Pharmacy to issue licenses to pharmacy technicians. Some important differences will be noticed between the former registration system and the new licensing system created by the legislation.

Under the registration system, the Board had no authority to take disciplinary action against a technician for violations of the technician regulations. The Board's only option for significant violations by a technician was to deny the technician applicant's initial or renewal application. If a violation occurred six months before the renewal was due, the Board could not take action against the technician during that six month period. Under the new licensing system, pharmacy technicians will be under the same standards for violations of pharmacy laws and regulations as pharmacists.

This legislation requires the Board to adopt rules relating to the licensing of pharmacy technicians. These rules are required to establish guidelines for disciplinary action and guidelines for training and specialized education. The Board was also required to adopt emergency temporary rules to accommodate the currently registered technicians since the legislation became effective upon the governor's signature on June 28, 2005. These rules were required to ensure that the currently registered technicians were included in the newly established licensing system, that they would not be required to apply for a license before their current certificate of registration expired and that the material in each technician's registration file would be included and maintained in the file created under the new licensing system. The temporary rules also provided that initial guidelines for disciplinary action would be in place. These can be seen on the Board's Web site.

The legislation provided parameters within which the Board may approve "specialized education programs." The Board has begun the process of drafting new rules for the training and specialized education guidelines. A research council has been put in place, including a large number of interested stakeholders, to develop these new rules. A similar process will be put in place to develop the permanent rules for disciplinary guidelines. This will be started as soon as possible since the temporary rules expire 180 days after filing.

A new application form has been developed for technician licensing and can be downloaded from the Board's Web site. These will be needed for any new pharmacy technicians.

### **No. 381: Online License Verification and Address/Employment Change**

The Board's electronic capability is improving. As of July 1, 2005, it is now possible to verify the licensure status of any licensee or registrant of the Board of Pharmacy online. To look up a person's or a facility's license or registration status, simply go to the Board of Pharmacy Web site at [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us). Click on "Online License Lookup and Verification" in the bottom center section of the home page, or click on "License Verifications" on the left side "Menu" section of the home page.

If you do not know all the information, you can enter what you know and a list will be presented containing all records with similar information. For example, if you enter the last name of the person you want to verify, a list of everyone with that last name will appear. Similarly, if you do not know the name of a pharmacy, enter the city where it is located and a list of all pharmacies in that city will appear. If you do not know how to spell a name, enter as many letters as you know for a list.

It is now also possible to electronically notify the Board of a change in your address or employer information. As with the online license verification, this is accomplished through the Board's Web site. Simply go to [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us) and click on "Licensing Information and Forms" at the center of the home page or click on "Licensing and Other Forms" in the left side "Menu" section. From there, find the appropriate section for "Pharmacists," "Intern," "Pharmacy Technician," or drop down to "Lists and Forms." Oregon pharmacy regulations require that a pharmacist, pharmacy intern, or pharmacy technician report any change in permanent residence or employment to the Board within 15 days.

### **No. 382: CE Credit for Board Meetings and Other Presentations**

At its January, 2005 meeting, the Board clarified its position on providing pharmacy continuing education (CE) credit for attending Board of Pharmacy meetings. Pharmacists may obtain one hour of credit in the category of pharmacy and drug law for each session of a Board meeting attended. The Board meetings consist of a morning session and an afternoon session, so a total of two credit hours can be obtained for attending a full day meeting.

In order to receive CE credit for Board meeting attendance, a pharmacist must attend at least one full morning or afternoon session. If you attend a session or sessions and you want to receive credit, you must ask a staff member for a certificate of attendance for documentation.

*Continued on page 4*



## **New Board Will Oversee Management of Drug Safety Monitoring**

Food and Drug Administration (FDA) has unveiled a program that aims to improve oversight of drug safety monitoring and to bolster openness in agency product review and decision making. Included is the creation of an independent Drug Safety Oversight Board, made up of medical experts from FDA and other government agencies. Also planned are Web postings of emerging drug data and risk information as well as written materials that provide targeted drug safety information to the public. For more information, see [www.fda.gov/oc/factsheets/drugsafety.html](http://www.fda.gov/oc/factsheets/drugsafety.html).

## **ACPE Changes Provider Criteria Regarding Drug and Device Manufacturers**

In early 2005, the Accreditation Council for Pharmacy Education (ACPE) ceased accepting applications from pharmaceutical and biomedical device manufacturers seeking accreditation as providers of continuing education (CE). Effective July 1, 2005, the organization will no longer recognize pharmaceutical and biomedical device manufacturers as accredited providers. In addition, any CE issued by a pharmaceutical or device manufacturer after June 30, 2005, is not valid. These changes were approved by the ACPE Board of Directors at its January 2005 meeting after the organization determined that manufacturers could not meet both ACPE's requirements and the recommended restrictions as stated in a Compliance Program Guidance for Pharmaceutical Manufacturers published by the Office of the Inspector General of the United States (OIG).

In 2003, OIG stated that manufacturers could be subjected to liability under federal statutory provisions if they maintain any influence over CE subject matter or presenters, or provide funding for attendees or other incentives with respect to CE attendance. Strict compliance with OIG's guidelines would relegate manufacturers to solely providing educational grants to CE providers in order to be free of liability. Meanwhile, ACPE's Criteria for Quality require that the CE provider control the content speakers or authors of a CE program, putting ACPE's requirements in opposition to OIG's guidelines; hence, ACPE, out of responsibility to health regulatory boards, the profession, and the public, must now accredit only those providers who are in compliance with the ACPE criteria and the OIG guidelines.

In accordance with ACPE's new policies, organizations with a commercial interest and any proprietary entity producing health care goods or services, with the exception of nonprofit or government organizations and non-health care-related companies, will not be eligible for ACPE accreditation status.

For more information, contact ACPE Executive Director Peter Vlasses at 312/664-3575, or via e-mail at [pvlasses@acpe-accredit.org](mailto:pvlasses@acpe-accredit.org).



## **Let's Get to the 'Point': Prescription Misinterpretations Due to Decimal Points**

*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (USP) and FDA in analyzing 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, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Rd, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

**Problem:** Numbers containing decimal points are a major source of error and, when misplaced, can lead to misinterpretation of prescriptions. Decimal points can be easily overlooked, especially on prescriptions that have been faxed, prepared on lined order sheets, or written or typed on carbon and no-carbon-required (NCR) forms (often used in hospitals and long-term care facilities). If a decimal point is missed, an overdose may occur. The importance of proper decimal point placement and prominence cannot be overstated.

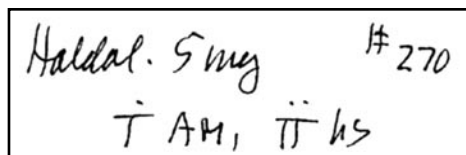
For one, a decimal point should always be preceded by a whole number and never be left "naked." Decimal expressions of numbers less than one should always be preceded by a zero (0) to enhance the visibility of the decimal. For example, without a leading zero, a prescription for "Haldol® .5 mg" (see image shown on next page) was misinterpreted and dispensed as "Haldol 5 mg." We have received similar reports with Risperdal® (risperidone) in which "Risperdal .5 mg" was prescribed (instead of Risperdal 0.5 mg), but the patient received several 5 mg doses because the decimal point was overlooked.

In addition, a whole number should never be followed with a decimal point and a zero. These "trailing zeros" (eg, "3.0") are a frequent cause of 10-fold overdoses and should never be used. For example, when prescriptions have been written for "Coumadin® 1.0 mg," patients have received 10 mg in error. Similarly, a prescription for "Synthroid® 25.0 mcg" could be misread as "Synthroid 250 mcg."

Dangerous use of decimals can also be problematic if they appear in electronic order entry systems or on computer-generated labels. A newly admitted hospital patient told her physician that she took Phenobarbital® 400 mg PO three times daily. Subsequently, the physician wrote an order for



the drug in the dose relayed by the patient. A nurse saw the prescription vial and verified that this was the correct dose. However, prior to dispensing, a hospital pharmacist investigated the unusually high dose. When he checked the prescription vial, he found that it was labeled as “phenobarbital 32.400MG tablet.” The label indicated that 30 tablets were dispensed with instructions to take one tablet three times daily.



The hospital pharmacist contacted the outpatient pharmacy and suggested that the computer expressions including trailing zeros be changed to avoid serious medication errors. The pharmacy management agreed that trailing zeros appearing on labels might pose a risk and made the change immediately.

## Safe Practice Recommendations

In order to avoid misinterpretations due to decimal point placement, pharmacists should consider the following:

- ◆ Always include a leading zero for dosage strengths or concentrations less than one.
- ◆ Never follow a whole number with a decimal point and a zero (trailing zero).
- ◆ Educate staff about the dangers involved with expressing doses using trailing zeros and naked decimal points.
- ◆ Eliminate dangerous decimal dose expressions from pharmacy and prescriber electronic order entry screens, computer-generated labels, preprinted prescriptions, etc.
- ◆ Avoid using decimals whenever a satisfactory alternative exists. For example, use 500 mg in place of 0.5 gram, 125 mcg instead of 0.125 mg, or 2 ½ mg instead of 2.5 mg.
- ◆ Identify drugs with known 10-fold differences in dosage strength (eg, Cytomel® 5 mcg and 50 mcg, Coumadin 1 mg and 10 mg, levothyroxine 25 mcg and 250 mcg) and place reminders in electronic order entry systems and on pharmacy shelves to alert practitioners to double-check the dosage strength.
- ◆ When sending and receiving prescriptions via fax, health care practitioners should keep in mind that decimal points can be easily missed due to “fax noise.” Whenever possible, encourage prescribers to give original prescriptions (with an indication that it has been faxed) to their patients to take to the pharmacy for verification. Pharmacists should carefully review faxed prescriptions and clarify prescriptions that contain fax noise.
- ◆ Eliminate the lines on the back copy of NCR forms so that a person receiving can clearly see decimal points or other marks that were made on the top copy.
- ◆ Notify prescribers of the potential for error if misinterpretations due to decimal point usage are discovered.

## DEA Issues Final Rules for Electronic Orders for Controlled Substances

On April 1, 2005, Drug Enforcement Administration (DEA) issued final rules regarding electronic orders for controlled substances. DEA revised its regulations to provide an electronic equivalent to the DEA official order form (Form 222), which is legally required for all distributions involving Schedule I and II controlled substances. The regulations will allow, but not require, registrants to order Schedule I and II substances electronically and maintain the records of these orders electronically. The regulations will reduce paperwork and transaction times for DEA registrants who handle, sell, or purchase Schedule I or II controlled substances. The effective date of the final rules was May 31, 2005.

The final rules were issued via the *Federal Register* on April 1, 2005, and may be downloaded from the following Web site address: [www.access.gpo.gov/su\\_docs/fedreg/a050401c.html](http://www.access.gpo.gov/su_docs/fedreg/a050401c.html).

## FDA Publishes Final Rule on Chlorofluorocarbons in Metered Dose Inhalers

FDA announced that albuterol metered-dose inhalers (MDI) using chlorofluorocarbon propellants must no longer be produced, marketed, or sold in the US after December 31, 2008.

The Health and Human Services (HHS) is encouraged that the manufacturers of three environmentally friendly albuterol inhalers are implementing programs to help assure access to these albuterol MDI for patients for whom price could be a significant barrier to access to this important medicine. These programs include MDI giveaways, coupons for reducing the price paid, and patient assistance programs based on financial need.

In a final rule, published March 31, 2005, in the *Federal Register*, HHS stated that sufficient supplies of two approved, environmentally friendly albuterol inhalers will exist by December 31, 2008, to allow the phasing out of similar, less environmentally friendly versions.

## FDA Develops PSAs to Educate Consumers About Purchasing Medications Online

FDA recently released two public service announcement (PSA) brochures, which educate consumers about the advantages and disadvantages of purchasing medication online. The brochures also advise consumers to ensure a Web site is a US-licensed pharmacy by contacting their state board of pharmacy. Consumers may want to refer to the list of Verified Internet Pharmacy Practice Sites™ (VIPPS®) on [www.nabp.net](http://www.nabp.net) to find out if a Web site has been checked to make sure it has met state and federal rules. Consumers also will know if an online pharmacy is VIPPS-accredited when they notice the VIPPS Seal on that particular Web site.

For more information on these PSAs visit [www.fda.gov/cder/consumerinfo/Buy\\_meds\\_online\\_all\\_resources.htm](http://www.fda.gov/cder/consumerinfo/Buy_meds_online_all_resources.htm).

Continued from page 1

At its June, 2005 meeting, the Board also clarified its policy regarding CE credit for presentations and preparation. The Board will grant one hour of credit for each hour of presentation. A total of one hour can be obtained for preparation in addition to the number of hours of the presentation. For example, a two-hour presentation could receive two hours of CE credit for the presentation and one hour for preparation, even if the actual preparation took three hours. A new form to request approval for CE programs has been developed to reflect the provisions of new rules adopted in 2004. The new form is available to view and download from the Board's Web site. Please use the new form if you are applying for approval for CE programs.

CE credit may be obtained for writing and publishing articles only through specific written approval by the Board, unless the article has been approved by the Accreditation Council for Pharmacy Education (ACPE). The Board will recognize the number of hours approved by ACPE.

### No. 383: Rule Changes Concerning the Practice of Dental Hygiene

Effective February 1, 2005, four significant rule changes went into effect that change the practice of dental hygiene in Oregon. Two of these changes relate to prescribing, dispensing, and administering certain drugs by a dental hygienist. Pharmacists should be aware of the scope of Dental Hygiene practice.

OAR 818-035-0025(5) now states: "A dental hygienist may not: Prescribe any drug, other than flouride, flouride varnish, antimicrobial solutions for mouth rinsing or resorbable antimicrobial agents." This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may prescribe any of these drugs for a patient.

OAR 818-035-0030 now states: "In addition to the functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist: (5) Administer and dispense antimicrobial solutions or resorbable antimicrobial agents in the performance of dental hygiene functions." This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may administer and dispense antimicrobial solutions or resorbable antimicrobial agents without having to have written orders that are tooth and site specific.

Although these, and the other new rule changes, have significantly increased the duties that a dental hygienist may perform, none of these increased duties can be performed without the authorization of the supervising dentist. It is still the supervising dentist's choice to allow a hygienist to perform any of these duties, and the supervising dentist still has the obligation to ensure that the hygienist has the training required to perform any of these functions.

### No. 384: Board Members

Linda Howrey, RPh President ..... Portland  
Blake Rice, RPh, Member ..... Riddle  
Marcus Watt, RPh, Member ..... Oregon City  
Cathryn Lew, RPh, Member ..... Eugene  
Bernie Foster, Public Member ..... Portland  
Lee Howard, Public Member ..... Redmond  
Ann Zweber, RPh, Member ..... Corvallis  
Gary Schnabel, Ex-Officio Member ..... Executive Director

### No. 385: Upcoming Board Meeting Dates

October 11 - 12, 2005 ..... Portland  
December 6 - 7, 2005 ..... Portland  
February 7 - 8, 2006 ..... Corvallis  
April 4 - 5, 2006 ..... Portland  
June 6 - 7, 2006 ..... Portland  
August 8 - 9, 2006 ..... Portland  
October 17 - 18, 2006 ..... Portland  
December 5 - 6, 2006 ..... Portland

The Board customarily schedules a strategic planning retreat in September. The 2005 retreat is scheduled for September 15-17 in Ashland. The 2006 retreat has not yet been scheduled. Check the Board's Web site for any changes in meeting dates or locations. Minutes of the Board meetings are also placed on the Web.

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The *Oregon State Board of Pharmacy News* is published by the Oregon State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary 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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