



Kentucky Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Happy Holidays!!!!

From

Kentucky Board of Pharmacy
Board Members and Staff



2012 Pharmacist License Renewals

Pharmacist licenses expire on February 28, 2013. The Kentucky Board of Pharmacy will send out a **postcard** the first week of January 2013, as a reminder (in addition, a pharmacist that renewed online last year will be sent a reminder via e-mail). This year the Board encourages you to renew your license online. **Renewal applications will not be mailed out; however, a renewal application may be printed from the Board's Web site at www.pharmacy.ky.gov.**

Continuing Pharmacy Education Reminder

A pharmacist shall complete a minimum of 1.5 CEUs (15 contact hours) annually between **January 1 and December 31**, pursuant to 201 KAR 2:015 Section 5(1). A pharmacist first licensed by the Board within 12 months immediately preceding the annual renewal date shall be exempt from the continuing pharmacy education provisions.

2012 Pharmacy Technician Registration Renewals

Pharmacy technician registrations expire on March 31, 2013. The Board will send out a **postcard** the first week of February 2013, as a reminder (in addition, a pharmacy technician that registered online last year will be sent a reminder via e-mail). The Board encourages you to renew your registration online. **Renewal applications will not be mailed out; however, a renewal application may be printed from the Board's Web site.**

2013 Board Meeting Date and Location

The Board at its September 2012 meeting approved the following date and location of the first Board meeting in 2013:

- ◆ Wednesday, January 9, 2013 – Board office

2013 CAPTASA Conference

The 2013 Clinical Applications of the Principles in Treatment of Addictions and Substance Abuse (CAPTASA) Conference will be held Friday and Saturday, January 25-26, 2013, at the Embassy Suites in Lexington, KY. For information on this conference please visit www.CAPTASA.org or contact Sandy Patrick at sandy@captasa.org or 502/425-7761.

Compliance Corner

Submitted by Steve Hart, RPh, Pharmacy Inspections and Investigations Coordinator

Are you submitting incorrect information to Kentucky All Schedule Prescription Electronic Reporting (KASPER)? The chart below indicates incorrect patient identifiers used in a single week. Other patient identifiers that have been used are numbers such as cell phone numbers and pharmacy phone numbers.

Total Records	276,666
Incorrect Patient ID Provided	Frequency
888888888	3,609
999999999	847
111111111	599
000000000	495
000000009	147
123123123	117
123456789	105
000000008	66
9999999	56
555555555	44
900000001	43
999999999	43
000000000	40
000000001	37
000000090	37
99999999999	36
0000000	23
0000000000	22
999-99-9999	16
444444444	15
00000000000	14
777-77-7777	14
999999999999	14
222222222	12
99999999999	11
Total generic sequential invalid SSNs	6,462
Percentage of generic sequential invalid SSNs out of total records	2%

The regulation does not allow for driver's license and 000-00-0000 to be used as an either/or option in place of a valid Social Security Number (SSN). The regulation is very clear in defining the proper identifiers. If you or a patient has any questions concerning this regulation, please contact the Office of Drug Enforcement and Professional Practices at 502/564-7985.

Title 902 KAR 55:110 Section 5.

Patient Identification Number.

- (1) A patient or the person obtaining the controlled substance on behalf of the patient **shall disclose to the dispenser the patient's Social Security number** for purposes of the dispenser's mandatory reporting to KASPER.
- (2) If a patient is an adult who does **not** have a Social Security number, the patient's driver's license number shall be disclosed.
- (3) If a patient is an adult who has **not been assigned a** Social Security number or a driver's license number, the number 000-00-0000 shall be used.

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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.

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- (4) If a patient is a child who does **not** have a Social Security number or a driver's license number, the Social Security number, driver's license number, or the number "000-00-0000", as applicable, of the parent or guardian shall be used.
- (5) If a patient is an animal the number "000-00-0000" shall be used in the Social Security number field.

Compliance Corner

Submitted by Steve Hart, RPh, Pharmacy Inspections and Investigations Coordinator

The Board office and the inspectors still receive frequent calls concerning the controlled substance prescriptive authority of Advance Practice Registered Nurses (APRNs) and midwives.

Scheduled Drug Laws for APRNs at a Glance*

Drug Schedule	KASPER Query	Maximum Prescription	Refills	Method of Prescription	Prescription Expiration
II	Required before prescribing and at least every 3 months during treatment	72 hours ** (see psych mental health exception, below)	No	Written only	60 days after date of issue
III (combination hydrocodone products in liquid and solid form)	Required before prescribing and at least every 3 months during treatment	30 days	No	Written, oral, or fax	Six months after date of issue
IV (Ativan®, Klonopin®, Valium®, Xanax®, and Soma®)	Required before prescribing and at least every 3 months during treatment	30 days	No	Written, oral, or fax	Six months after date of issue
IV (other)	Required before prescribing and at least every 3 months during treatment	Original prescription	Maximum six-month supply	Written, oral, or fax	Six months after date of issue
V	Required before prescribing and at least every 3 months during treatment	Original prescription	Maximum six-month supply	Written, oral, or fax	Six months after date of issue

Prescribing prerequisites for APRNs:

1. Licensed to practice as APRN for at least one year
2. Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS)
3. Drug Enforcement Administration (DEA) registration and certificate/number
4. Notify Kentucky Board of Nursing of CAPA-CS and physician name; submit copy of DEA certificate
5. KASPER registration

* Your CAPA-CS may place additional restrictions on your prescribing authority.

** APRNs nationally certified in psychiatric mental health nursing may prescribe a 30-day supply of psychostimulants.

The entire reference may be downloaded from the Kentucky Coalition of Nurse Practitioners and Nurse Midwives Web site at www.kcnpnm.org/.

The guide contains many frequently asked questions concerning collaborative care agreements for both controlled and non-controlled substances.

APRNs and midwives in jurisdictions outside of Kentucky may have more privileges; however, the Kentucky law is more stringent and therefore applies to all prescriptions written by an APRN or midwife. As a reminder, physician assistants in Kentucky are not allowed to prescribe any controlled substances; therefore, prescriptions written by physician assistants from other jurisdictions are not valid in Kentucky.

Contact Numbers of State Boards and Federal Agencies

Board of Dentistry	502/429-7280 502/429-7282 (fax)
Board of Medical Licensure	502/429-7150 502/429-7158 (fax)
Board of Nursing	502/429-3300 502/429-3311 (fax)
Board of Optometric Examiners	859/246-2744 859/246-2746 (fax)
Board of Respiratory Care	859/246-2747 859/246-2750 (fax)
Office of Drug Enforcement	502/564-7985 502/696-3880 (fax)
Food and Drug Administration (Cincinnati, OH)	513/684-3501
DEA (Louisville, KY)	502/582-5905

For more information on these and other state agencies please visit www.ky.gov, and click on the Agencies icon along the top of the page.

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