



Alaska Board of Pharmacy

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Monitoring of Japanese Reactors

On March 15, Governor Sean Parnell issued a joint release from the Office of the Governor, Departments of Military and Veterans Affairs, and Department of Health and Social Services regarding Japan's nuclear reactors. It can be read in its entirety on the office of the governor's Web site at www.gov.state.ak.us. Key points are as follows:

- ◆ "“Some Alaskans are wondering if they should be taking potassium iodide [KI] at this time: the answer is no,” said Dr. Joe McLaughlin, state epidemiologist. “While potassium iodide can protect the thyroid gland from harmful radiation, it can produce adverse side effects and should only be taken if exposure to considerably elevated doses of radiation is expected to occur. At this point, there is no immediate or anticipated indication that this will happen in Alaska.””
- ◆ “There is no immediate or anticipated threat of harmful radiation reaching Alaska or its waters, therefore all seafood and other food items produced in Alaska are safe to consume.”
- ◆ “[R]adioactive material is still not expected to reach Alaska in any quantity sufficient to produce health concerns, according to scientists with the Nuclear Regulatory Commission.”

A March 17 blast fax from Food and Drug Administration (FDA) states they are aware of the increasing demand for KI products. They are working with the manufacturers to increase production. FDA, like the Alaska state epidemiologist, does not recommend consumers purchase or consume KI.

Public Comments for New Regulations

All Alaska licensees and interested parties recently received draft regulations for public comment. These regulations cover a wide range of licensing activities and your public comments are highly encouraged (send to jun.maiquis@alaska.gov). Although it is not possible to

respond individually to each comment, they are highly regarded.

A summary of the regulations are as follows:

- ◆ *Disciplinary Reporting, 12 AAC 52.991*: This regulation would require all licensees to report to the Alaska Board of Pharmacy any disciplinary decisions within 30 days of the disciplinary decision or conviction. Presently, disciplinary decisions are required to be reported only during the application process and at biennial renewal. The Board determined this frequency is insufficient to protect the public welfare and ensure your colleagues are qualified to work by your side. (It is noteworthy that this applies to the reporting of disciplinary **decisions**, and does not include reporting initial charges or accusations.)
- ◆ *Prescription Order Information, 12 AAC 52.460*: Allowable changes to Schedule II controlled substances will be located under Prescription Order Information, 12 AAC 52.460. This text is consistent with Drug Enforcement Administration regulations. It is being added to Alaska state regulations as a convenience for pharmacists and to promote safe practices regarding Schedule II controlled substances.
- ◆ *Reinstatement of Expired Pharmacist Licenses, 12 AAC 52.310*: An Alaska pharmacist license could potentially be reinstated without reporting disciplinary decisions which occurred in other jurisdiction(s) while the license was lapsed under the existing requirements. This regulation will prevent errors of omission by adding the following requirements to reinstate a pharmacist license lapsed greater than two years:
 1. Verification of licensure from each state where the applicant held a pharmacist license during the period of time the license was lapsed. A National Association of Boards of Pharmacy® (NABP®) preliminary application for license transfer can be submitted in lieu of multiple state verifications.

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Obtain Your NABP e-Profile ID Online Now, ID Required for ACPE-Accredited CPE

The new National Association of Boards of Pharmacy® (NABP®) CPE Monitor service, a collaborative effort between NABP, the Accreditation Council for Pharmacy Education (ACPE), and their providers, will allow pharmacists and technicians to easily track their ACPE-accredited continuing pharmacy education (CPE) credits beginning in the latter part of 2011. In addition, the service will provide a streamlined reporting and compliance verification process for participating state boards of pharmacy. When pharmacists and technicians complete an ACPE-accredited CPE program, their participation data will be sent electronically from the provider to ACPE, then to NABP for recording into the matching NABP e-Profile. Then, if the board of pharmacy participates in CPE Monitor, the pharmacists' or technicians' CPE credits will be automatically transmitted to the board, saving pharmacists and technicians the trouble and expense of documenting and submitting compliance with state-mandated CPE requirements for license renewal. This eliminates paper forms and the overall need to submit paper copies of CPE statements of credit to the board of pharmacy for CPE activities from ACPE-accredited providers.

For convenience, the NABP e-Profile will be available 24/7 for viewing a comprehensive list of the CPE activities completed. All information will be maintained in a highly secure environment. NABP does not distribute any personal information for commercial purposes without consent.

To prepare for the new process, pharmacists and technicians are encouraged to obtain their NABP e-Profile identification to ensure their e-Profile is properly set up. Beginning in the latter part of 2011, all pharmacists and technicians will be able to provide their NABP e-Profile ID, plus their birthdate (mmdd) to receive credit for any accredited CPE activities from ACPE-accredited providers. Providers will ask CPE participants to provide the ID either when registering or when submitting participation data to the provider. Please note that CPE Monitor will not initially track CPE from non-ACPE-accredited providers. This feature will be added in Phase 2 of the CPE Monitor service, and, until then, pharmacists and technicians will need to submit non-ACPE-accredited CPE directly to their board of pharmacy when required to do so.

NABP and ACPE will work with CPE providers to ensure an adequate amount of time is allotted to implement this new service.

Pharmacists can obtain their ID by creating an NABP e-Profile using the portal in the Pharmacists section of the NABP Web site at www.nabp.net/pharmacists. Technicians can obtain their ID by creating an NABP e-Profile using the portal in the Technicians section of the NABP Web site at www.nabp.net/technicians. Visit www.MyCPEmonitor.net for more information.

FDA Asks Manufacturers to Limit Acetaminophen Strength

In the interest of patient safety, Food and Drug Administration (FDA) asked drug manufacturers to limit the strength of acetaminophen in prescription drug products – which are predominantly

combinations of acetaminophen and opioids – to 325 mg per tablet, capsule, or other dosage unit. In addition, FDA reports that the labels of all prescription drug products that contain acetaminophen will now include a boxed warning that highlights the potential for severe liver injury and a warning that highlights the potential for allergic reactions. FDA has taken these actions to reduce the risk of severe liver injury and allergic reactions associated with acetaminophen. FDA notes that over-the-counter products containing acetaminophen are not affected by this action.

While the maximum amount of acetaminophen in a prescription tablet, capsule, or other dosage unit will be limited to 325 mg, the total number of tablets or capsules that may be prescribed and the time intervals at which they may be prescribed will not change as a result of the lower amount of acetaminophen. Additional information for health care providers and patients is included in an FDA Drug Safety Communication available on the FDA Web site at www.fda.gov/Drugs/DrugSafety/ucm239821.htm.

Looking for Risk

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 a 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.

Health care organizations focused on improving patient safety must first identify, ascertain the causes of, and employ strategies to reduce risk. Everyone on staff in an organization has responsibility for risk assessment and, therefore, risk management.

This includes involving patients in their care and seeking their help to identify risk in the system. Assessing risk in an organization is important to understanding and prioritizing areas of highest risk and for discovering which improvements will have the greatest overall impact on patient safety.

FMEA

The Failure Mode and Effects Analysis (FMEA) process is a “systematic method of identifying and preventing product and process problems before they occur.” FMEA is the tool that has the potential to be an integral part of any risk assessment and, therefore, the risk management process.



FMEAs focus on identifying and removing defects, enhancing safety, and increasing customer satisfaction.

AROC

Assessing Risk and Opportunities for Change (AROC) is designed to help community pharmacy personnel identify potential medication safety risks and prevent errors. Pharmacists can use these materials and tools to pinpoint specific areas of weakness in their medication delivery systems and to provide a starting point for successful organizational improvements.

Pharmacists' Role

Pharmacists are often assumed to be the “guardians” in ensuring that medication errors do not occur. This expectation is unrealistic, because avoiding error is a health care team effort. It has, however been suggested that pharmacists should assume a leadership role in implementing safe medication use efforts in their organization.

Objectives for the pharmacist and other pharmacy staff who participate in the assessment process:

- ◆ Explain the important processes and sub-processes of medication use from prescription through administration.
- ◆ Participate in identifying failure modes and risk throughout the entire medication process, especially in information that should be available to the prescriber and nurse, as well as describing the steps in the process that occur after the medication order is transferred to the pharmacy.
- ◆ Offer possible causes for medication errors because of breakdowns in the prescription to administration process.
- ◆ Identify effects, as well as their severity and probability, when a system failure occurs.
- ◆ Offer suggestions, along with all team members, for actions that should be taken to prevent medication errors.

Pharmacists are an integral part of any medication safety assessment process. They not only offer information – as do the other disciplines in the organization – they can also expand their knowledge through participating in these risk assessments. Pharmacy participation should include frontline staff, pharmacists, pharmacy technicians, and pharmacy support staff. It is important to have multilevel involvement so that all system enhancements are discussed and identified.

To learn more about assessing risk in acute care pharmacy visit www.ismp.org/Tools/pathways.asp.

To learn more about assessing risk in community pharmacy visit www.ismp.org/communityRx/aroc/.

NABP Launches New and Improved NAPLEX/MPJE Application in March

In March 2011, NABP launched a new and improved application process for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). The online application was upgraded to be more user friendly, allowing candidates to perform more registration tasks and providing status information to examination candidates.

In addition to providing the basic features of registering for the NAPLEX, NAPLEX score transfer, and MPJE, the new application also allows candidates to make changes to, add to, or withdraw an application, eliminating the need for candidates to call NABP for this service. Changes that can be made to an application include registering for the MPJE in additional jurisdictions and adding NAPLEX score transfer requests until the time of the examination. Technological enhancements to the application allow for the elimination of the previous requirement that candidates submit score transfer requests five business days prior to sitting for the NAPLEX.

The new application also gives candidates who miss sitting for an examination or who do not cancel within two business days of their appointment the ability to submit resitting fees online rather than having to send a payment to NABP via mail. This expedites the receipt of the candidate's new Authorization to Test so that he or she may schedule another examination appointment more quickly.

An additional benefit to candidates is the ability to monitor the status of their profile. After submitting an application, candidates can log in to their profile and see if the application has been received; if eligibility has been requested, granted, denied, or expired; if Authorization to Test has been generated; if the application has been withdrawn or expired; and history of examinations taken.

The profiles of candidates who registered for the NAPLEX or MPJE before the new application was launched will need to create a user name and password through the new application so that they can view the historical data of their NAPLEX and MPJE registrations. Upon creating a new user account, the system will match the newly created account with applications previously submitted or currently in progress so that all the information will be viewable by the candidate.

The new application also allows users to update their profiles as needed and review past orders.

In addition, the score results for the NAPLEX and MPJE are also accessible when candidates log in to the application, provided that the board for which the candidate tested participates in the online score interface. Currently, 21 boards utilize this service.

Overall, candidates can expect a clearer and smoother registration process because both front and back-end functionality of the application has been streamlined and tightly integrated.

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, pharmacists discuss the role of FDA in responding to and mitigating drug shortages. Drug Info Rounds is developed with contributions from pharmacists in the FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information. FDA Drug Info Rounds training videos may be accessed on the FDA Web site at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.

2. Verification of continual practice as a pharmacist during the time the license was lapsed. Documentation from the applicant's employer(s) will be used to substantiate this. The regulation text also defines "continual practice." If an applicant for reinstatement has not been continually employed, he or she would be required to retake and pass the Multistate Pharmacy Jurisprudence Examination®.
- ◆ *Remote Pharmacy License, 12 AAC 52.423:* To qualify as a remote pharmacy, there must be no access to a non-remote pharmacy within a 10-mile radius of the actual or proposed remote pharmacy site **unless** the non-remote pharmacy cannot provide pharmacy services to everyone in the 10-mile radius due to federal law. This regulation is generically known as the Ten Mile Rule.

Prescription Drug Monitoring Program Update

The current emphasis of the prescription drug monitoring program (PDMP) is the creation, initial orientation, and implementation of the PDMP Advisory Board. The Advisory Board is planned to include the program coordinator, a pharmacist Board member, a public member, and practitioners from the veterinary, dental, nursing, and medical boards. The Advisory Board will have input on PDMP policies, waivers, regulations, and decisions based on the perspective of their given profession. With assistance as needed, they will evaluate the significance of data generated by the PDMP and then make recommendations to the Board of Pharmacy based on these findings. After members are identified, an orientation to the role of the Advisory Board will be scheduled. The time commitment is likely to be slightly greater during the initial phase and level off over time. Licensees are encouraged to share this information with those who may be interested in participating in the PDMP Advisory Board.

The Board of Pharmacy homepage will continue to have current information about the status of the PDMP, a link to RelayHealth, and contact information.

Dispensing Authority Per Prescriber License

There is a frequently asked questions (FAQs) link on the Board of Pharmacy homepage. The FAQs now include a document titled "Dispensing Authority Per Prescriber License." It defines the dispensing authority of 17 prescribing license categories, listed by state. Created by NABP and included in the 2011 *Survey of Pharmacy Law*, this reference tool is being provided based on feedback from other boards and inquiries from licensees.

Board of Pharmacy Member News

The Board welcomes pharmacist Lori DeVito, who was appointed to the Board on March 1. Lori operates a home infusion and home health care agency in Soldotna, AK. She is a former president of the Alaska Pharmacists Association and a lifelong Alaskan. Lori's area of pharmacy practice expertise and specialization will provide a different angle to the collective personality of your Board.

Conversely and sadly, valued Board members Mary Mundell and Leah Handley recently resigned. Mary was originally appointed to the Board in April 2005 and is a former Board president. Her contributions to the Board and the profession defy all brief descriptions and clichés. The Alaska Board was fortunate to have her as long as it did. Leah exemplified the role of a public Board member. She was a dedicated advocate for the well being of the general public and assured they had a voice in Alaska Board of Pharmacy matters. Both will be missed on many different levels. Their hard work and dedication has set a very high standard.

New Alaska Pharmacist Applicants

The *Guide to Applying for a Pharmacist License in Alaska (Guide)* provides user friendly, narrative text describing licensure requirements for all categories of applicants. It was created in response to the high volume of inquiries of this nature, but is not intended to discourage contact with a "real person" at the division. It is located immediately under the Alaska Pharmacist License Application on the Board Web site. Overall, the *Guide* has received positive feedback from applicants and staffing agencies. Think of the *Guide* the next time you are asked "how do I get an Alaska license?" This, by the way, should not be long. Calls and inquiries from the class of 2011 are coming in daily . . . a seasonal rite of passage into Alaska's beautiful spring.