



Alabama State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

New Board Member

Governor Bob Riley appointed **Donnie Calhoun** of Anniston, AL, to the independent pharmacist position on the Alabama State Board of Pharmacy.

Donnie Calhoun, RPh, a 1987 graduate from Samford University School of Pharmacy, owns two (2) stores in Calhoun County. He serves on the executive committee for the National Community Pharmacists Association and as a national director for Pharmacist's Mutual Insurance Company. Donnie also serves on the National Home Infusion Association board of directors and as a member of Member Health's Pharmacy and Therapeutics committee; he previously served as president of the Alabama Independent Drugstore Association and as a board member of the Alabama Pharmacy Association. He has been involved with teaching pharmacy students as an adjunct professor of Samford and Auburn schools of pharmacy. Donnie has served on many pharmacy committees at a local, state, and national level, and is the recipient of many awards including distinguished young pharmacist (1991) and the Alabama Pharmacy Association pharmacist of the year award (2005). He is married to Cindy and has three children, Casey, Caitlyn, and Dillon.

Two Hours Free "Preceptor" Continuing Education (CE) by the Board

Place: Samford University Recital Hall – Birmingham

Date: May 25, 2008

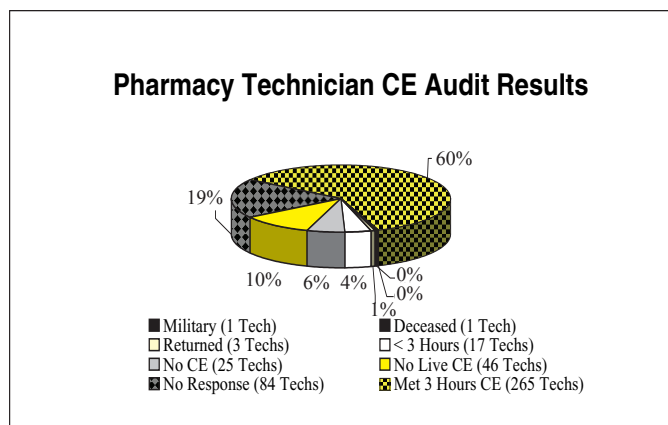
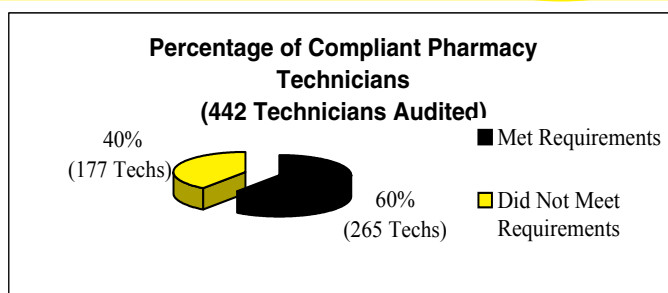
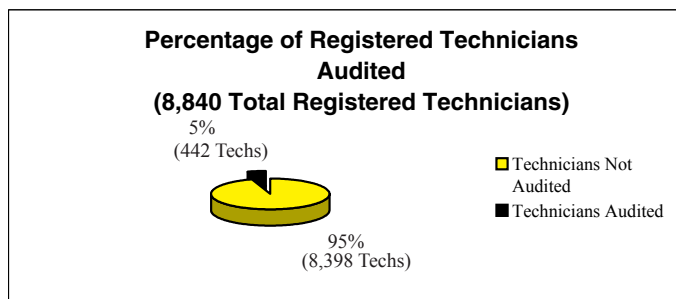
Time: 12:30 PM Seating. Program 1 - 3 PM. **Seating limited to 300**

Registration: Preregistration online at www.albop.com

All current preceptors, pharmacists licensed two (2) years who would like to become Alabama preceptors, and interns/externs are encouraged to attend this motivating and mentoring training seminar.

Technician CE Audit Results – 2007

The following charts show the results of the Board's audit of pharmacy technicians' CE participation.



680-X-2-.37 Continuing Education for Pharmacy Technicians

- (1) Pharmacy Technicians shall complete **three (3) hours** of continuing education every year as a condition of registration renewal. By submitting the biennial renewal, a pharmacy technician is representing their compliance with this requirement by the end of the relevant calendar year.
- (3) Continuing Education may be completed by either attendance or by distance based program, video or by publications; however, a pharmacy technician must complete at least **one (1) hour of live** continuing education through attendance at a course(s).

The charts above show there is significant room for improvement in technician attendance at CE programs. Technicians not meeting the CE requirements were notified to obtain the deficient hours within ninety (90) days in addition to the 2008 CE requirement of three (3) hours. Technicians and pharmacists should always look for the Accreditation Council for Pharmacy Education (ACPE) Universal Program Number or an Alabama State Board of Pharmacy approval number when attend-

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NABP Launches Pharmacy Curriculum Outcomes Assessment Program

NABP launches its Pharmacy Curriculum Outcomes Assessment™ (PCOA®) mechanism in April 2008 for use by schools and colleges of pharmacy in evaluating their curricula. NABP invited schools and colleges of pharmacy to participate in the 2008 administration of the PCOA, scheduled for April 7-18. There will be no fee for participation in this first year of administration.

Those schools and colleges of pharmacy that participate in the April 2008 administration will receive detailed score reports for their students that sit for the assessment, as well as national comparative data. NABP developed the PCOA at the request of schools and colleges of pharmacy and accreditation stakeholders that have expressed a need for a national assessment that is psychometrically validated to assist with measuring curriculum development and student performance.

Details are posted under Assessment Programs on the NABP Web site, www.nabp.net, or by contacting NABP Customer Service at custserv@nabp.net.

An e-Educated Consumer is Your Best Customer (Patient)



*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 Food and Drug Administration (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, and publishes its recommendations. To read about the recommendations for prevention of reported errors that you can put into practice today, subscribe to **ISMP Medication Safety Alert!**® **Community/Ambulatory Edition** by visiting www.ismp.org. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site (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.*

According to the Pew Internet and American Life Project, Online Health Search 2006, 80% of American Internet users, or some 113 million adults, have searched for information on at least one of 17 health topics. Many Americans turn to the Internet before, or instead of, seeking information from their doctor or pharmacist. People want to make better decisions in their lives and therefore seek more in-depth research, research that is offered online.

Patients and caregivers have a vested interest to keep up-to-date on their own or their loved ones' medical conditions. The average doctor's appointment is just 10 minutes – hardly enough time to get into lengthy conversations about treatment options and medication side effects. Long lines, busy and distracted pharmacists, and lack of privacy and confidentiality deter patients from seeking more information from their community pharmacists. It is no wonder then, when patients do not understand medical terminology or want to explore the medication treatment options that are available, they do not call their doctor or pharmacist – they just log on. In the privacy of their home they can find practical information such as lists of foods they should or should not take with certain medical conditions or certain medications. Instead of bothering busy pharmacists

who do not appear to have the time to answer questions, they can get peace of mind when dealing with chronic conditions. They surf the net for reassurance and answers to their questions.

But what about the quality of those online sources? Some are better than others; obviously, Medline offered by the National Institutes of Health is a reliable source, but what if the site is sponsored by a pharmaceutical company? How does the consumer know which information to trust? Research suggests that most health information seekers do not check the source and date of the information they find online. Most Internet users use a search engine and key words from their own limited medical knowledge and rely on the algorithms of the search engines to find them reliable Web sites and scientific articles.

How can you, the pharmacist, help your patients find a credible health care information site? Patients need an easy-to-use, comprehensive medical Web site where they can learn about health conditions and medications. Patients should look for Web sites that offer unbiased health information written by medical professionals.

Tell patients to always check sources and dates of the information provided. For example, information on hormone replacement therapy has changed significantly in the last few years. Articles offering advice and recommendations on drug therapy from 10 years ago could be detrimental to the reader.

The patient-doctor-pharmacist triad has changed. We now live in an era of the square – the patient, doctor, pharmacist, and Internet. Help patients understand what they are reading. Go to the sites yourself and confirm the information is reliable and timely. And of course, find time to answer their questions. Look for a soon to be released consumer Web site being developed by ISMP.

FDA Warns against Using OTC Cold Medicines in Babies

FDA issued a public health advisory on January 17, 2008, recommending that over-the-counter (OTC) cough and cold medicines should not be used to treat infants and children younger than 2 years of age, citing the risk of "serious and potentially life-threatening side effects." FDA held a public advisory committee meeting October 18-19, 2007, to discuss the issue, after which many pharmaceutical manufacturers voluntarily withdrew cough and cold medicines marketed for use in this age group.

FDA says the agency is in the process of evaluating the safety of OTC cough and cold medicines in children 2-11 years of age and will announce its recommendations "in the near future."

The public health advisory is available on the FDA Web site at www.fda.gov/cder/drug/advisory/cough_cold_2008.htm.

Bayer Diabetes Care Recalls Contour Test Strips

Bayer Diabetes Care recently recalled test strips (sensors) for use with the Contour TS Blood Glucose Meter. The company recalled the product because test strips from specific lots could result in blood glucose readings with a positive bias that could demonstrate 5% to 17% higher test results.

This issue is unrelated to the Contour TS meter itself and pertains only to certain test strips used with the meter. Strips used with other Bayer meters are unaffected.

Health care professionals are advised to check the lot number of the Contour test strips in their inventory and contact Bayer Diabetes Care for information on the return and replacement of strips.

More information is available in the manufacturer's press release at www.fda.gov/medwatch/safety/2007/contourTS_recall.htm.



FDA Takes Action against Compounded BHRT Drugs

FDA sent letters warning seven pharmacy operations that the claims they make about the safety and effectiveness of their so-called bio-identical hormone replacement therapy, or BHRT, products are unsupported by medical evidence, and are considered false and misleading by the agency. FDA has expressed concern that unfounded claims like these mislead women and health care professionals.

The pharmacy operations receiving warning letters use the terms “bio-identical hormone replacement therapy” and “BHRT” to imply that their drugs are natural or identical to the hormones made by the body. FDA regards this use of “bio-identical” as a marketing term implying a benefit for the drug, for which there is no medical or scientific basis.

The FDA news release is available at www.fda.gov/bbs/topics/NEWS/2008/NEW01772.html.

Manufacturers to Restrict Distribution of Methadone

As of January 1, 2008, manufacturers of methadone hydrochloride tablets 40 mg (dispersible) have voluntarily agreed to restrict distribution of this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals. Manufacturers will discontinue supplying this formulation to any facility not meeting these criteria.

The 5 mg and 10 mg formulations indicated for the treatment of pain will continue to be available to all authorized registrants, including retail pharmacies. The 40 mg methadone formulation is indicated for the treatment of opioid addiction; it is not FDA-approved for use in the management of pain. This measure comes in response to the reported increase in methadone-related adverse events.

For more information, see “Studies Show Increased Methadone-Associated Mortality Related to Pain Management” in the January issue of the *NABP Newsletter*, available on the NABP Web site at www.nabp.net.

New Compounding Standards Effective June 1; USP Offers Webinars

New standards for sterile compounding will become effective on June 1, 2008. United States Pharmacopeia (USP) published the revised General Chapter 797, “Pharmaceutical Compounding – Sterile Preparations” on its Web site in December 2007 to give the compounding community time to implement changes before the effective date.

These revisions tighten standards and conditions for sterile compounding over the previous version of Chapter 797 to help improve patient safety. (See “Sterile Compounding ‘Checklist’ Revised to Better Protect Patient Health” in the February 2008 issue of the *NABP Newsletter*.) The revisions are included in USP 32–NF 27 and in the second edition of the *Pharmacists’ Pharmacopeia*, published in March 2008.

USP is offering a series of educational Webinars and workshops to help compounding professionals appropriately interpret and implement the newly revised standard. The Webinars will provide direct dialogue with two compounding experts and ample time to address questions related to the standard. The workshops will provide added interaction plus hands-on demonstrations related to environmental monitoring, contamination control, and aseptic testing.

Full details on these programs are available on the USP Web site at www.usp.org/hottopics/generalChapter797.html?hlc.

Moving? Need to Transfer Your License?

It is easy – go to the Licensure Programs section of www.nabp.net.

Questions? Call Customer Service at 847/391-4406.

NABP – Serving Pharmacists with Licensure Transfer Since 1904

CMS Names MSAs, Products for Round Two of DMEPOS Bidding

Centers for Medicare and Medicaid Services (CMS) recently announced the metropolitan statistical areas (MSAs) and product categories for the second round of the Medicare durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) competitive bidding program.

All suppliers must meet quality standards and be accredited by a CMS-recognized accreditation organization, such as NABP, to obtain a contract under the Medicare DMEPOS competitive bidding program. The final deadline for all suppliers to obtain accreditation is September 30, 2009. However, CMS encourages suppliers to seek accreditation as soon as possible to avoid any potential difficulties that would affect their ability to bid.

The competitive bidding program is designed to improve the effectiveness of Medicare’s DMEPOS payments, reduce beneficiary out-of-pocket costs, and save the Medicare program money while ensuring beneficiary access to quality DMEPOS items and services. More information, including the lists of MSAs and product categories, is available on the CMS Web site at www.cms.hhs.gov/CompetitiveAcqforDMEPOS.

Adverse Event Reporting Requirements in Effect for OTC Products

FDA recently issued new adverse event reporting requirements for manufacturers, packers, and distributors of dietary supplements and over-the-counter (OTC) drug products marketed without an approved application. The new reporting requirements, as described in Public Law 109-462, became effective on December 22, 2007.

The act, as well as the FDA *Guidance for Industry: Postmarketing Adverse Event Reporting for Nonprescription Human Drug Products Marketed without an Approved Application*, is available via the FDA MedWatch site at www.fda.gov/medwatch/otc.htm.

FDA Rule Calls for Toll-Free Number for Adverse Events on Drug Labels

FDA recently issued an interim final rule requiring certain medication labels to include a toll-free number for reporting adverse events. The interim final rule codifies provisions of the proposed rule “Toll-Free Number for Reporting Adverse Events on Labeling for Human Drug Products” that became effective on January 1, 2008, under the FDA Amendments Act of 2007. The rule does not apply to over-the-counter medications approved as new drugs if the product packaging includes a manufacturer’s or distributor’s toll-free number for reporting complaints.

To allow manufacturers, dispensers, and pharmacies time to update their labeling and systems to comply with the new requirements, FDA will delay enforcement actions regarding these regulations until January 1, 2009.

More information is available in the *Federal Register* (Docket No. 2003N-0342) at www.fda.gov/OHRMS/DOCKETS/98fr/E7-25426.pdf.

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ing a CE program for credit. CE credit in other health care disciplines is not automatically approved for pharmaceutical continuing education credit.

Advancing Quality in Pharmacy Education

ACPE is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. The standards for appropriateness were reviewed and revised as of October 5, 2007. Format standards recommended contain four sections – content, delivery, assessment, and evaluation. Program activities designed for pharmacists and technicians are to emphasize discipline-specific educational content, planned objectives, and instructional materials related to the educational needs assessment of the pharmacist or technician. Guidance goals may include the following areas with feedback learning evaluations:

- ◆ Ensuring optimal medication therapy outcomes and patient safety
- ◆ Managing practice settings
- ◆ Satisfying the educational requirements for pharmacist relicensure
- ◆ Meeting recertification requirements for pharmacy technicians

Pharmacy technician educational outcomes should be a blueprint to passing and maintaining the Pharmacy Technician Certification Board examination just as pharmacists competencies should be specific to the advancement of:

- ◆ Delivering patient-centered care
- ◆ Working as part of interdisciplinary teams
- ◆ Practicing evidence-based medicine
- ◆ Focusing on quality improvement
- ◆ Using information technology

CE activities will be designated by the target audience with a Universal Program Number assigned to either a pharmacist (P) or technician (T) and a format designator of live activities (L), home study and other mediated activities (H), or activities that contain both live and home study or mediated components (C).

Accreditation Council for Pharmacy Education. Adoption: June 20, 2007. Released: October 5, 2007. Effective January 1, 2009.

Alabama State Board of Pharmacy Continuing Education Approval

The Alabama State Board of Pharmacy currently issues Board CE approval for programs offered in the state. A program is submitted to the director of education and compliance for review of the content and appropriateness, segregating each program into an assigned category by the practice of pharmacy it is to meet.

- ◆ Parenteral Certification CE – pharmacist/technician CE
- ◆ Nuclear Certification CE – pharmacist/technician CE
- ◆ Preceptor Certification CE – pharmacist CE
- ◆ Consultant Certification/Recertification CE – pharmacist CE
- ◆ Pharmacy Law CE – pharmacist/technician CE
- ◆ General CE – clinical pharmacology – pharmacist CE (example)
- ◆ General CE – medication safety – pharmacist/technician CE (example)

Those approvals are not assigned ACPE Universal Program Numbers but the philosophy and emphasis to have pharmacists and technicians attend educational-level appropriate training is the same. The Board encourages programs be developed that are discipline-specific and enable pharmacists and technicians to engage in areas of training and education that will give them competency level learning challenges evaluated at the end of the training session. Pharmacists are encouraged to develop technician CE level programs that facilitate learning objectives in medication errors, math skills, quality improvement, medication safety, pharmacy law, public health, and ethical practice standards.

Special Notice About the Newsletter

The *Alabama State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians credentialed by the Board. Board *Newsletters* are used in administrative hearings as proof of notification. Please read them carefully. We encourage you to keep them in the back of the Alabama Pharmacy Law Book for future reference.

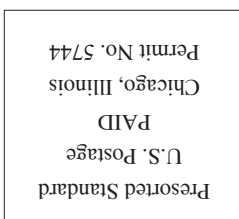
Do You Know a Pharmacist or Technician Who Needs Help?

Call the Committee on Rehabilitating Impaired Pharmacists help line at the voice mail of Steve Moore at 205/975-8548. All calls are confidential.

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