



Alabama State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Board of Pharmacy Member Elected

Kenny Sanders, RPh – 2009-2013

Kenny Sanders was elected to a five-year term on the Alabama State Board of Pharmacy, effective January 1, 2009, replacing Roland Nelson. Kenny received his bachelor of science in pharmacy from the University of Arkansas for Medical Sciences in 1989, and began his professional career with Big B Drugs, Inc in Birmingham in June 1989. He was promoted to pharmacy district manager in 1994 and held similar positions with Revco, CVS, and Bruno's. In 2003, Kenny accepted a position of vice president of professional affairs with the American Pharmacy Cooperative, Inc (APCI) responsible for pharmacy professional, legislative, and third-party activity.

He serves as a member of the Alabama Pharmacy Association (APA) Board of Directors and in other capacities with APA. He is an adjunct for both Auburn University Harrison School of Pharmacy and Samford University McWhorter School of Pharmacy, implementing the APCI Community Pharmacy Residency program.

Kenny and his wife, DeeDee, have three children: Chase, Cody, and Carli. They reside in Alabaster. He is also the son of a pharmacist and the older sibling of two pharmacists.

Change of Employment Notification

§34-23-10 **Each pharmacist** licensed by the Board shall notify the Board in writing within 10 days on change of employment. The notice shall contain his name, license number, the name of the pharmacy where formerly employed and the name of the pharmacy where currently employed.

680-X-2-.14 (9) **Each technician** registered by the Board shall notify the Board in writing within 10 days on change of employment. The notice shall contain his/her name, registration number, the name of the pharmacy where formerly employed and the name of the pharmacy where currently employed.

680-X-3-.08 Annual Inventory of Controlled Substances

- (1) Every pharmacy shall take an initial inventory of all controlled substances on hand and shall take a new inventory of **all stocks of controlled substances on hand on January 15th** or the alternative fixed date approved by the Board of each year following the date the initial inventory was taken.
- (4) The inventory by a pharmacy must be taken either as of the **opening of business or as of the closing of business**. The pharmacy shall indicate on the inventory records whether the inventory was taken as of the opening of busi-

ness or as of the close of business, the date the inventory was taken, followed by the person responsible for taking the inventory.

- (5) In determining the number of units of each finished form of a controlled substance in a commercial container, which has been opened, the pharmacy shall do as follows:
 - (a) If the substance is listed in Schedule II, an **exact count or measure** of the contents shall be made.
 - (b) If the substance is listed in Schedule III, IV or V, an **estimated count or measure** may be made of the contents unless the container holds more than 1000 tablets or capsules in which case an exact count of the contents must be made.

Compliance Note: The yearly inventory document will be an item reviewed during a routine inspection. Keep it accessible!

Board Members/Drug Inspectors – 2009

Tammy Rogers	President
Mike Mikell	Vice President
Rob Nelson	Treasurer
Donnie Calhoun	Member
Kenny Sanders	Member
Herbert Bobo	Executive Secretary
Joyce C. Altsman	Education and Compliance
Henry Burks Jr	Chief Inspector
Eddie Braden	Inspector
Scott Daniel	Inspector
Mark Delk	Inspector
George Grubbs	Inspector
Richard Lambruschi	Inspector
Glenn Wells	Inspector

680-X-2-.37 Continuing Education for 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

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FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through www.fda.gov/healthprofessionals.

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at www.fda.gov/consumer/default.htm.

Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with 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, 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: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

R Sig:	LORAZEPAM 0.5MG TABLET 1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at www.ismp.org/Tools.



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

FDA Launches Web Sites on Promotion of Medical Products

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The "Advertising Prescription Drugs and Medical Devices" Web site provides a "one-stop shop" portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at www.fda.gov/oc/promotion/.

The direct-to-consumer Web site, "Be Smart about Prescription Drug Advertising: A Guide for Consumers" is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient's understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at www.ethicad.org.

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at www.fda.gov/cder/ethicad/index.htm.

FPGEE Returns to Computer-based Format

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at www.nabp.net.

Updated 2009 Survey of Pharmacy Law Now Available

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, "Issuance of Initial Pharmacist Licensure," asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at www.nabp.net and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

least one (1) hour of live continuing education through attendance at a course(s).

- (4) It is the responsibility of each pharmacy technician to maintain and compile accurate records relating to all continuing education courses or activities they have attended and completed. It shall be the responsibility of each pharmacy technician to maintain above described documentation and information pertaining to each year for a period of two (2) years . . .
- (5) The Board of Pharmacy shall **randomly audit** the continuing education documentation or information to be maintained or submitted by each pharmacy technician as described herein to assure compliance with these rules.

680-X-2-.36 Continuing Education for Pharmacists

- (1) Pharmacists shall complete fifteen (15) hours of continuing education every year as a condition of licensure renewal.
- (3) Continuing Education may be completed by either attendance or by distance based program, video or by publications; however, a pharmacist must complete at least three (3) hours of live continuing education through attendance at a course(s).
- (4) It is the responsibility of each pharmacist to maintain and compile accurate records relating to all continuing education courses or activities they have attended and completed. It shall be the responsibility of each pharmacist to maintain above described documentation and information pertaining to each year for a period of two (2) years . . .
- (5) The Board of Pharmacy shall **randomly audit** the continuing education documentation or information to be maintained or submitted by each pharmacist as described herein to assure compliance with these rules. Failure to maintain the documentation or information set forth in these rules or the submission of false or misleading information or documentation to the Board of Pharmacy or failure to submit requested documentation or information within the time specified by the Board may subject the pharmacist, after hearing, to those penalties.

Notice

When your patient needs a refill but has no more left on the prescription, you cannot transmit a prescription to the prescriber. A pharmacist may call or send a fax if requested by the patient

informing the prescriber that all refills have been dispensed and ask, if appropriate, to provide a **new** prescription.

Board Meetings 2009

All Board meetings are open and scheduled in Birmingham at the Board office.

Day 1 – Board business meeting; Day 2 – Interviews and administrative hearings.

- ◆ January 9, 2009
- ◆ January 13-14, 2009
- ◆ February 10-11, 2009
- ◆ March 10-11, 2009
- ◆ April 14-15, 2009
- ◆ May 5-6, 2009
- ◆ June 9-10, 2009
- ◆ July 14-15, 2009
- ◆ August 25-26, 2009
- ◆ September 15-16, 2009
- ◆ October 13-14, 2009
- ◆ November 10-11, 2009
- ◆ December 15-16, 2009

Save These Dates!

- Board Preceptor Conference May 31, 2009
- Board Law Seminar October 25, 2009

Special Notice About the Newsletter

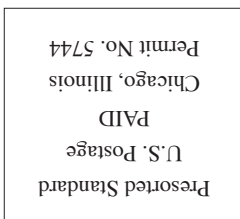
The *Alabama State Board of Pharmacy Newsletter* is an official method of notification to pharmacists licensed and pharmacy technicians registered by the Board. Board *Newsletters* serve in administrative hearings as proof of notification. Please read them carefully. We encourage you to keep them in 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 voicemail of Steve Moore at 205/975-8548. All calls are confidential.

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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