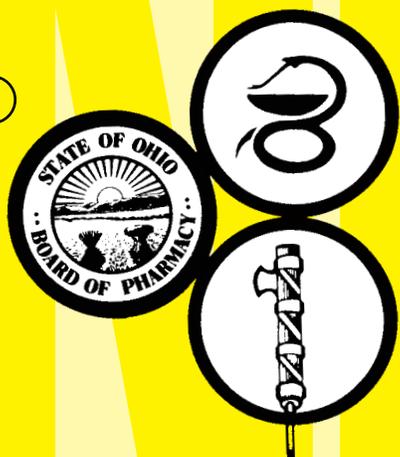


May 2009



# Ohio State Board of Pharmacy

77 S High St, Room 1702, Columbus, OH 43215-6126  
Tel: 614/466-4143 Fax: 614/752-4836  
[www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)

Published to promote voluntary compliance of pharmacy and drug law.

## Annual CPE Reminder

If your license number begins with 03-3, have you submitted your continuing education reporting form yet? If not, you only have until May 15 to send it to the Ohio State Board of Pharmacy office. Remember, the procedure changed last year. You do **not** have to list your individual program numbers as in the past. All you are asked to do is check a box, certifying that you have done the required continuing education and **that you have the certificates in hand**. You will only have to produce the certificates if you are one of the pharmacists randomly chosen to be audited. Please be sure the certificates are dated on or after March 1, 2006, if you submit the report on time. If you miss the May 15 deadline, you will be audited automatically. For those who fail to report by May 15, your certificates must be dated within the three years prior to the date you actually submit your reporting form to the Board office.

For this year and all future reporting years, please make sure you have your certificates in hand before submitting the report form. If you are audited and cannot provide the certificates or if your certificates are dated **after the date you submit the form**, you will face Board action. In addition, you should be aware that the Board now randomly audits a higher percentage of pharmacists who report continuing education than in the past. Previously, we audited about 10% of those reporting. With this new procedure, that figure is about 25%, so your chances of being audited will be greater. **Please make sure you have the certificates in hand before you send in the reporting form.**

If you are audited, please submit the original documents to the Board when requested. It would be a very good idea to make sure you have copies of them before you send the originals to the Board office. Every year, we have one or two people whose documents end up disappearing within the US Postal Service system.

## OARRS Reporting News

If you are responsible for your pharmacy's reporting process to the Ohio Automated Rx Reporting System (OARRS) program (the Board's prescription monitoring program), please be sure you make note of these two important changes that are being implemented.

First, no later than July 1, 2009, all data reports from the pharmacies must be submitted to the OARRS program directly rather than through Atlantic Associates. You should have received notification of this change already from the OARRS program administrator. If not, please contact the OARRS staff immediately as your time for implementation will be getting short. Please read and follow the instructions you received carefully, so that we can avoid problems during this transition. During this time of a tight state budget, this change will allow us to save a significant amount of money by performing this function ourselves instead of contracting it out. Each pharmacy will need to register a user name and password with OARRS prior to submitting an electronic file. Details

are available on the Web site at [www.ohiopmp.gov](http://www.ohiopmp.gov). Under "Resources" click on "Documents" then on "OARRS Handbook."

The second change to the OARRS program that is being implemented is an increase in the frequency of reporting from twice a month to weekly. From the time the program started until now, we have required reports to be submitted to OARRS on a twice-a-month basis. The problem with that process is that the data available for use by physicians, pharmacists, and law enforcement is at least three weeks old before it gets to the system. The direct reporting method discussed above will lower that figure by a few days, but the combination of direct reporting and weekly data submission should decrease the lag time to only 10 days or so.

In order to implement this second change, it will be necessary for the Board to make a change to rule 4729-37-07. The Board approved the filing of the proposed rule change and, after going through the state's rule process, it should be effective in June. The language for the proposed change is as follows (proposed deletions are crossed out and proposed new language is underlined):

- (A) ~~All~~ Until August 31, 2009, all drug dispensing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code must be submitted twice a month as follows:
  - (1) During the first through the fifth day of each month; and
  - (2) During the fifteenth through the twentieth day of each month; and
  - (3) The information shall be consecutive and inclusive from the last date and time information was submitted and shall be reported no later than twenty-one days after the date of the dispensing.
- (B) Starting on September 1, 2009, all drug dispensing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code shall be submitted at least weekly. The information shall be consecutive and inclusive from the last date and time information was submitted and shall be reported no later than eight days after the date of the dispensing.
- (C) If a pharmacy has no drug dispensing information required to be submitted to the board of pharmacy pursuant to rules 4729-37-02 and 4729-37-04 of the Administrative Code, the pharmacy shall submit a "Zero Report" during the regular reporting cycle.

Please note that this language states that "at least weekly" submission will be required no later than September 1, 2009. The OARRS

*Continued on page 4*



## **NABP Seeking Pharmacists in All Practice Areas to Take Survey**

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at [www.zoomerang.com/Survey/?p=WEB228YSHUR9UR](http://www.zoomerang.com/Survey/?p=WEB228YSHUR9UR), will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure. Questions may be directed to [custserv@nabp.net](mailto:custserv@nabp.net) or 847/391-4406.

## **Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend**

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

### **A Trend with Deadly Consequences**

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

### **Prescription Drugs of Choice for Teens**

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried mari-

juana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

### **Why Teens Choose Prescription Medications**

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

### **Stemming the Growth of Prescription Drug Abuse**

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104<sup>th</sup> Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104<sup>th</sup> Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%.” Similar to past drug prevention programs that



focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

More information and resources are available on the Partnership Web site at [www.drugfree.org](http://www.drugfree.org).

## Health Care Consumers: Essential Partners in Safe Medication Use



*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 Edition by visiting [www.ismp.org](http://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 Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at [www.ismp.org](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

A study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time for speaking with patients and lack of appropriate written materials.

Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, [www.ismp.org](http://www.ismp.org), and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at [www.ConsumerMedSafety.org](http://www.ConsumerMedSafety.org). ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

## FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

program will be able to receive submissions more frequently (eg, daily) if a pharmacy is able and willing to do so.

In addition to the need to make the data available more timely for the end users, this weekly reporting is also a requirement for the OARRS program to receive federal funding, which is sorely needed for the continuance of this valuable program. The Board would appreciate your compliance with these new requirements and strongly encourages pharmacists and prescribers to use the system appropriately.

### Pharmacy Board E-Mail Blast

In March, we sent out a request for information and a warning about the newest drug scam involving prescriptions issued by Florida doctors for Ohio individuals. We sent an e-mail to every pharmacist listed as a subscriber to OARRS and then we followed that with the same e-mail that went out to almost 14,000 Ohio pharmacists whose e-mail addresses we had in our licensing system. For those of you who received both, we apologize for the duplication. However, the response was extraordinary. We received over 300 telephone calls and faxes over the first three-day period from pharmacists who had seen these prescriptions, several of whom had the person standing at the pharmacy counter at the time. On further checking, many of those individuals had criminal records for drug-related activities, making it clear that the majority of these prescriptions were not issued for a legitimate medical purpose. In addition, we heard from pharmacists in the surrounding states as well as pharmacists in states between Ohio and Florida. Many pharmacists thanked us for notifying them of this new scheme and were more than willing to assist us in bringing it to a halt. At the time of the writing of this *Newsletter*, both the number of individuals visiting Ohio pharmacies with these questionable prescriptions and the number of telephone calls to the Board have decreased. Hopefully, by the time this *Newsletter* arrives, this scheme will have been greatly slowed down, if not stopped completely.

Once again, however, this points out the need for pharmacists to exercise diligence as they fill prescriptions. Pharmacists are required to use judgment every time a prescription is presented for filling. The pharmacist must determine, to the best of his or her knowledge and experience, whether or not the prescription was issued for a legitimate medical purpose. When the patient-prescriber-pharmacy relationships are separated by multiple states, the pharmacist should certainly question the validity and do more than just call the physician to verify the prescription. As we stated in our e-mail, it is hard to understand how a patient who is supposedly in severe pain (after all, they received a prescription for 180 or 240 doses of 30 mg extended-release oxycodone **on the first visit**) can tolerate an automobile trip to Florida and back, particularly when it is well known that Ohio and the states around us have excellent pain physicians. In addition, while not mandated, one of the best ways to assist in making the determination of "legitimate medical use" is by accessing the OARRS database. Most pharmacists have the ability to

access at least a limited number of Web sites at work. The Board's Web site is one that is usually available. Those pharmacists who do use the OARRS system have told us how useful it is in their practice. If you are not signed up for OARRS, please do so. If your employer does not allow you to access OARRS, please continue to ask for it. We will continue to push them about it as well.

On a related note – This was the first time we ever tried to send out a large scale notice to pharmacists using e-mail. It was a tremendous success. Therefore, we will probably do that again when we have information we want to disseminate or gather. **Please note:** We will not (**not**) ever ask you to reply back via e-mail with any confidential information. If you ever get such a request, please let us know immediately. It is also important to not "unsubscribe" to the Board's Listserv e-mail list and to keep an updated e-mail address on file with the Board. The next Ohio State Board *Newsletter* will be announced using this Listserv "e-mail blast" and will be available online. We are working towards eventually eliminating the costly printing and mailing of the paper Ohio State Board *Newsletter*. Until then, the *Newsletter* will continue to be distributed as it has been.

### Disciplinary Actions

Anyone having a question regarding the license status of a particular practitioner, nurse, pharmacist, pharmacy intern, or dangerous drug distributor in Ohio should contact the appropriate licensing board. The Professional Licensing Agency Web sites listed below may include disciplinary actions for their respective licensees.

**State Dental Board** – 614/466-2580, [www.dental.ohio.gov](http://www.dental.ohio.gov)

**State Medical Board** – 614/466-3934, [www.med.ohio.gov](http://www.med.ohio.gov)

**State Nursing Board** – 614/466-3947, [www.nursing.ohio.gov](http://www.nursing.ohio.gov)

**State Optometry Board** – 614/466-5115, [www.optometry.ohio.gov](http://www.optometry.ohio.gov)

**State Pharmacy Board** – 614/466-4143, [www.pharmacy.ohio.gov](http://www.pharmacy.ohio.gov)

**State Veterinary Medical Board** – 614/644-5281,

[www.ovmlb.ohio.gov](http://www.ovmlb.ohio.gov)

**Drug Enforcement Administration** – 800/230-6844,

[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)

Page 4 – May 2009

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William T. Winsley, MS, RPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor  
& Executive Editor

Larissa Doucette - Communications Manager

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National Association of Boards of Pharmacy Foundation, Inc  
1600 Feehanville Drive  
Mount Prospect, IL 60056  
OHIO STATE BOARD OF PHARMACY