



North Carolina Board of Pharmacy

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Item 2247 – Pharmacist Vigilance Crucial to Stemming the Tide of Illegitimate ‘Pain Clinic’ Prescriptions

All pharmacists should be familiar with the problem of illegitimate prescriptions for controlled substances generated at “pain clinics” and other such facilities. This is not a new phenomenon, and North Carolina Board of Pharmacy staff receives frequent reports of such prescriptions being presented in North Carolina pharmacies. Florida pain clinics have been the principal source, though Georgia clinics are increasingly a problem. And, in any event, this type of activity is not limited to Florida and Georgia. It can originate in any state – including North Carolina.

The story is a familiar one. A patient appears at a North Carolina pharmacy. The patient is often from Ohio, Tennessee, West Virginia, Kentucky, or another surrounding state. The patient presents a prescription – typically for oxycodone products (especially OxyContin® 30 mg tablets), benzodiazepines, and other controlled substances – written by a prescriber in another state. The typical patient ranges in age from the 20s to 50s and will pay cash. The patients offer stories – often elaborate – that attempt to explain why, for example, a Tennessee resident would be presenting a Georgia-based prescription for 120 OxyContin 30 mg tablets to a pharmacy in western North Carolina. A call to the pain clinic will – unsurprisingly – lead to someone there stating the prescription is “legitimate.” **Note:** This sort of behavior is not limited to out-of-state residents; patients with North Carolina residences can also present head scratching prescriptions of this sort.

Pharmacists must continually be mindful that prior to filling any prescriptions, the pharmacist must take into consideration Board rules. Also, under federal and North Carolina law, a prescription is valid only if issued for a legitimate medical purpose by an individual prescriber in the usual course of practice. Both the prescriber and the pharmacist share an equal, corresponding responsibility to ensure that controlled substances are dispensed legally.

Board staff cautions that it is difficult at best to understand how a prescription presenting the sort of red flags noted above could possibly be viewed by a reasonable pharmacist as having been issued for a “legitimate medical purpose.”

If you have filled such prescriptions, please copy them and fax to the North Carolina Board of Pharmacy at 919/246-1056, attention: Joshua Kohler. If you refuse to fill a prescription of this sort and return it to the patient, if possible (without placing yourself, your employees, or your patients at risk) make a copy and fax it to the Board. Wherever possible, please provide identification information about the person who presented the prescription.

Item 2248 – CCNC’s Chronic Pain Initiative Seeks to Educate and Engage Pharmacists to Prevent Overdose Deaths Attributable to Opioid Misuse

In the United States and North Carolina in the last decade, the number of accidental overdose (OD) deaths more than tripled. Most such deaths were related to prescription opioids, which typically initially entered the drug supply via well-intentioned prescribing for chronic pain. These OD deaths (947 in North Carolina in 2010) are occurring in all communities and across all socio-economic strata, although Medicaid recipients appear to be at increased risk for associated morbidity and mortality. This rate is rapidly approaching the mortality rate seen with automobile accident deaths. Like automobile accident deaths, these OD deaths are largely preventable.

Community Care of North Carolina (CCNC), via the Chronic Pain Initiative (CPI) (<https://www.communitycarenc.org/population-management/behavioral-health-integration/chronic-pain-project/>), has the goal of engaging health care professionals and communities to take steps to stem this rising tide of opioid OD deaths. Communities have recognized the need to take action to make inroads into this public health problem and are presently aligning local coalitions to take steps to make a difference. CCNC is challenging pharmacists to become active participants in these local discussions – as this is a critical patient and community safety issue around safe medication use, an area where pharmacists have considerable potential impact. This is a clinical opportunity for pharmacy in a highly visible arena.

The CCNC CPI is a statewide effort to replicate the sharp reduction in opioid abuse and resultant OD deaths seen in Wilkes County via Project Lazarus (<http://projectlazarus.org/>).

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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 phar-

macist 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



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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.

The Wilkes County experience highlighted the fact that public health problems related to prescription opioids are so tightly intertwined with pain management issues that they must be addressed concurrently.

CCNC believes that broad, definitive actions must occur to begin to curb behaviors that feed into the problem of unsafe, and at times inappropriate, use and potential abuse of opioids. Given that pharmacists are highly visible and community-focused professionals, and that most prescription opioids initially enter the supply chain via the pharmacy route, CCNC believes that proactive pharmacist engagement is critical to beginning to successfully address the issue of improving appropriate use of these drugs.

CCNC is reaching out to pharmacists via the North Carolina Board of Pharmacy and the North Carolina Association of Pharmacists (NCAP) to educate and elevate the issue of improved safety around opioid use and to demonstrate how to become involved locally. Initial steps include increasing awareness of and use of the Controlled Substance Reporting System for certain “high risk” situations that may indicate misuse or misadventuring, communicating with health care providers in the community regarding identified “at risk” practices and patients, assisting with organizing local medication take-back days, as well as maintaining fidelity of the North Carolina Division of Medical Assistance Recipient Management Lock-In Program. An educational Webinar to cover more detail is being planned with NCAP for the fall and will be announced when it is available.

Item 2249 – CCME Seeking Pharmacist Participation in a Project to Improve Medication Outcomes in the Medicare Population

Item 2239 in the April 2012 *Newsletter* described a project being undertaken by the Carolinas Center for Medical Excellence (CCME) to improve medication outcomes among the Medicare population. CCME is now recruiting teams for Phase II of the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) 5.0. Teams that function as the patient’s primary care home and who want to improve outcomes for high-risk Medicare beneficiaries are invited to enroll in this dynamic collaborative.

Integration of clinical pharmacy services within the team is a key component to the project. Teams can choose any one or all of the following clinical topics for improvement: decrease A1c in diabetic patients with results >9%; increase the percentage of patients in therapeutic range taking long-term anticoagulation therapy; or decrease the number of patients taking an antipsychotic medication that is not being used for a Food and Drug Administration-approved indication. In addition, all clinical topics will work toward decreasing adverse drug events and potential adverse drug events. Our goal is to improve the health of the most vulnerable citizens in North Carolina!

PSPC is kicking off its fifth year and is a continually growing action learning program involving several hundred teams across the country working together to deliver safe care that improves health outcomes for high-risk patient groups. The collaborative achieves its goals using change processes and

improvement methods that are proven to be effective. This collaborative uses a combination of face-to-face and virtual meetings, testing periods, national expert faculty, adult learning methods, leadership and change management, Web training, and coaching calls over a 12-month period to help community-based teams adapt, test, and implement successful practices. To learn more about PSPC or how CCME can support your work, visit www.healthcarecommunities.org or contact Jeana Partington, MS, BSN, RN, CPHQ, at 919/461-5660 or jpartington@ncqio.sdps.org.

Item 2250 – Licence, Permit, and Registration Renewal Season Begins November 1

All persons or entities licensed by, permitted by, or registered with the Board are reminded that renewal season begins November 1, 2012. Any license, permit, or registration not renewed by December 31, 2012, is expired, although North Carolina law grants a 60-day “grace” period after December 31, during which a renewal may be completed without penalty.

Remember that as of May 1, 2012, the Board accepts payment via Visa, MasterCard, and Discover **only**. Cash, checks, and American Express cards will not be accepted.

Item 2251 – Electronic Prescriptions for Controlled Substances

As pharmacists know, Drug Enforcement Administration (DEA) promulgated a rule in June 2010 to allow the prescribing of all schedules of controlled substances electronically. That rule also provided, however, that any system for the **transmission or receipt** of electronic controlled substance prescriptions (ECSRx) must be certified by DEA or a DEA-authorized entity as meeting the significant security requirements in that rule.

On August 1, 2012, DEA at last announced that it had approved certification processes for e-prescribing systems conducted by several entities. More information is found here: www.dea diversion.usdoj.gov/ecom/e_rx/thirdparty.htm#approved.

As a result, various ECSRx systems (both transmitting and receiving) are coming online. Once a system has been approved as meeting DEA’s security requirements, it may be used in North Carolina. There is no state-law barrier to ECSRx. **Pharmacies are urged to check with their software vendors to determine their systems’ certification status.**