

April 2009



Minnesota Board of Pharmacy

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Disciplinary Activity

The Minnesota Board of Pharmacy took the following disciplinary actions concerning **pharmacists** between the dates of December 4, 2008 and March 16, 2009.

Anderson, Dean A., License #111928. Mr Anderson petitioned the Board to modify his previously issued Stipulation and Consent Order so that he can work in a pharmacy or other facility in which controlled substances are handled, without another pharmacist being on duty at the same time. The Board granted the petition and issued an amended Order.

Letourneau, Sandra J., License #111869. Ms Letourneau was unsatisfactorily discharged from the Health Professionals Services Program (HPSP) based on her refusal to sign and return a participation agreement. She then contacted the Board and offered to voluntarily surrender her license. The Board accepted her offer and issued an Order of Voluntary Surrender.

Silivongxay, Phonesagnam J., License #118456. Dr Silivongxay admitted to diverting controlled substances from his employer and to the unauthorized personal use of those drugs. He was placed on probation for three years or until he successfully completes a participation agreement with HPSP, whichever is later. He was also assessed a civil penalty of \$300.

Sporer, Amy E., License #117558. Dr Sporer admitted to the theft of controlled substances from her employer and to the unauthorized personal use of those drugs. She was placed on probation for three years or until she successfully completes a participation agreement with HPSP, whichever is later. She was also assessed a civil penalty of \$300.

Washburn, Robert A., License #110491. Mr Washburn was discharged from HPSP for noncompliance with his participation agreement. He further admitted to consuming controlled substances that were not prescribed for him. His license was suspended with the suspension stayed on condition that he participate in HPSP and adhere to his participation agreement and

that he abstain from the use of mood-altering substances except those that are prescribed for him.

Board of Pharmacy Elects New Officers

At its meeting held January 14, 2009, the Board of Pharmacy elected Pharmacist Gary Schneider, of Plymouth, MN, as Board president for calendar year 2009. Public member Ikram-Ul-Huq of Apple Valley, MN, was elected as vice president.

Mr Schneider received his bachelor of science degree in pharmacy from the University of Minnesota and has spent most of his career as a community pharmacy practitioner and storeowner. He is presently vice president of Gallipot, Inc, a distributor of pharmacy chemicals and supplies. He was appointed to the Board in 2002 by Governor Jesse Ventura and reappointed in 2006 by Governor Tim Pawlenty.

Mr Huq received a master of arts in economics from Texas Tech University in Lubbock, TX. He is a founding member of the Minnesota chapter of the Supporters of Human Rights in India, and is a member of Human Rights Advocates of Minnesota. Huq is a leading member of the Urdu Poetic Society, which includes Pakistani and Indian Urdu poets. He currently serves as Imam at the Masjid Ar Rehman in Bloomington and is a founding member and religious director of the Muslim Community Center in Bloomington. A former professional cricket player, he currently serves as president of the Cosmos Cricket Club in Minnesota. He was appointed to the Board in 2006 by Governor Tim Pawlenty.

Cody Wiberg was elected to serve as Board secretary (executive director) for an additional year. In addition to electing officers, the Board designated Candice Fleming to be associate director for Compliance and Pat Eggers to be assistant director for Administrative Affairs.

Pharmacist Interns and Preceptors

Approximately 150 pharmacy students will become eligible to work as pharmacy interns this summer. Many of these students will be seeking employment in order to obtain their required internship hours. Minnesota pharmacists who will be hiring pharmacy students as pharmacist

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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, 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.

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 marijuana. 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 104th 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 104th 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.

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. 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. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: 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 5th grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9th to 12th 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, and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at www.ConsumerMedSafety.org.

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.

interns over the summer must be sure that students are registered with the Board of Pharmacy as interns and that the pharmacists under whose supervision the interns will be working are properly registered with the Board as pharmacist preceptors. Failure of students to properly register as interns or failure of pharmacists to properly register as preceptors will result in loss of intern hours for the student and the potential for disciplinary action involving the pharmacist.

Please also note that every year individuals are found to be working in Minnesota as interns based on intern registration in another state. Registration as an intern in another state is not valid in Minnesota. A student of a college of pharmacy located in another state, who is employed in a Minnesota pharmacy as an intern, must be registered as an intern in Minnesota.

Provider Cost Disclosure

During the 2006 legislative session, health licensing boards were directed to remind licensees, at least annually, of the price disclosure requirements of section Minnesota Statutes 62J.052 or 151.214, as applicable. Pharmacists must abide by M.S. 151.214, which states:

Subdivision 1. Explanation of pharmacy benefits. A pharmacist licensed under this chapter must provide to a patient, for each prescription dispensed where part or all of the cost of the prescription is being paid or reimbursed by an employer-sponsored plan or health plan company, or its contracted pharmacy benefit manager, the patient's co-payment amount and the usual and customary price of the prescription or the amount the pharmacy will be paid for the prescription drug by the patient's employer-sponsored plan or health plan company, or its contracted pharmacy benefit manager.

Subd. 2. No prohibition on disclosure. No contracting agreement between an employer-sponsored health plan or health plan company, or its contracted pharmacy benefit manager, and a resident or nonresident pharmacy registered under this chapter, may prohibit the pharmacy from disclosing to patients information a pharmacy is required or given the option to provide under subdivision 1.

Technician Registration

Despite repeated notifications published in this *Newsletter*, Board inspectors continue to encounter individuals performing the duties of a pharmacy technician without being registered as such. In many cases, there is no indication that the pharmacist-in-charge ever attempted to make sure that the individual working as a technician was registered. One case that recently came to the Board's attention involved an individual who presented the pharmacist-in-charge with a photocopy of a technician registration card that had been altered to indicate that the individual was currently registered. In reality, that technician's registration had been suspended by the Board.

Minnesota Rules 6800.3850 states in part: "Pharmacy technicians may be used in performing pharmacy tasks

not specifically reserved in this chapter to a licensed pharmacist **only when the technician is properly registered with the board.**" Minnesota Rules 6800.2400 states, in part, that it is "the pharmacist-in-charge's duty and responsibility . . . to ensure that all persons working as pharmacy technicians are registered with the Board, in accordance with part 6800.3850." The online portion of the Board's Web site has a feature that allows for verification of licensure or registration. This feature can be accessed at www.hlb.state.mn.us/mnbop/glsuiteweb/homeframe.aspx. Verification can also be accomplished by calling the Board's office at 651/201-2825. Individuals must be registered **before** they can work in a pharmacy as technicians.

The Board has the authority to take disciplinary action against the license of a pharmacist-in-charge who permits unlicensed or unregistered individuals to work as pharmacists, interns, or technicians. In addition, the Board can take disciplinary action against the license of the pharmacy. It is likely that the Board will begin exercising this authority given the continuing problem of having unregistered individuals performing the duties of a pharmacy technician.

Potential Rule Changes

The Board of Pharmacy has been considering rule amendments that address Definitions, Applications for Pharmacy Licenses, Pharmacy License Categories, Transfers of Pharmacy Ownership, Pharmacy Counseling Areas, Supervision of Pharmacy Areas, Automated Counting Devices, Closing a Pharmacy, Applications for Pharmacist Licensure, Drug Manufacturer and Wholesaler Licensure, Registration of Pharmacy Technicians, Training and Educational Requirements for Pharmacy Technicians, Pharmacy Work Conditions, Unprofessional Conduct, Continuous Quality Improvement Programs, Answering Machines and Electronic Voice Recording Devices, Compounding, Prospective Drug Reviews, Patient Profiles, Transfer of Prescriptions between Pharmacies, Prepackaging and Labeling, Radiopharmaceutical Labeling, Veterinary Prescription Drug Labels, Interns and Preceptors, Consulting Services to Licensed Nursing Homes, Emergency Kits, Pharmaceutical Services Policies, Variances, and Medical Gas Distributor Registrations. The proposed changes can be accessed on the Board's Web site at www.phcybrd.state.mn.us. Comments may be submitted to the Board by e-mail (pharmacy.board@state.mn.us), by fax (651/201-2837) or by regular mail at 2829 University Avenue Ste #530, Minneapolis, MN 55414.