



SC Department of Labor, Licensing, & Regulation – Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Upcoming Board of Pharmacy Vacancy

If you live in the Fifth Congressional District and are interested in serving on the South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy you must meet the following requirements:

- ◆ Reside in the Fifth Congressional District;
- ◆ Be licensed and actively practicing pharmacy in South Carolina; and
- ◆ Before December 1, 2012, submit to the Board office a biography and petition bearing signatures of at least 15 pharmacists practicing in the Fifth Congressional District.

The term begins July 1, 2013 and ends June 30, 2019.

After receiving biographies and petitions, the Board administrator will:

- ◆ Prepare and mail ballots by January 15, 2013, to all pharmacists who have notified the Board they reside in the Fifth Congressional District; and
- ◆ Certify as true and valid all ballots postmarked before February 15, 2013, and received by the Board office before February 25, 2013.

Before March 1, 2013, the Board will certify in writing to the governor the names of the three candidates receiving the most votes in the election along with the name of the person who the nominee replaces on the Board. The new member, when appointed by the governor, will take office on July 1, of that year.

If you are interested in becoming a candidate for this position or have any questions, please contact the Board office.

Can Pharmacists Administer Influenza Vaccine Without a Prescription from a Practitioner?

Currently, the only legend products pharmacists can prescribe in South Carolina are the injectable and nasal

influenza vaccines, and epinephrine or diphenhydramine for an allergic reaction from the vaccine given under the South Carolina protocol. **The Board of Medical Examiners recently approved the intradermal injection of flu vaccine to be included in the state protocol.**

The South Carolina Protocol for Administration of Influenza Vaccine by Pharmacists is **the only protocol that is approved** for this state. The administration of influenza vaccines pursuant to this protocol must not be to any persons under the age of 18 years. If the pharmacist uses the state protocol, **the pharmacist becomes the practitioner.** The pharmacist administering the influenza vaccine must make a prescription to account for the vaccine dispensed and **the pharmacist must have a National Provider Identifier number as the practitioner for each prescription administered under the South Carolina influenza vaccine protocol.**

A protocol signed by a company medical director does not meet the practitioner/patient relationship requirement; therefore, the South Carolina Board of Medical Examiners protocol must be used. Please refer to the South Carolina influenza vaccine protocol for complete directions and guidelines.

A pharmacist or a pharmacy intern under the direct supervision (being visually observed) of a pharmacist can administer any vaccine with a valid prescription from the patient's practitioner with proper training.

§40-43-30(47). Prescription drug order means a lawful order from a practitioner for a drug or device for a specific patient, issued for a legitimate medical purpose within the prescriber's course of legitimate practice, and including orders derived from collaborative pharmacy practice.

§40-43-190. Protocol for pharmacists to administer influenza vaccines and certain medications without order of practitioner; informed consent; or records.



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 pharmacist 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.

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South Carolina Board of Medical Examiners Protocol for Administration of Influenza Vaccine by Pharmacists is located on the Board's Web site. Pharmacists should review the qualifications and requirements. A special note: Continuing education – the pharmacist must complete at least one hour of continuing medical education Category I or Accreditation Council for Pharmacy Education-approved continuing education related to the administration of influenza vaccines as part of his or her annual license requirements.

§40-47-113. Establishment of a **physician-patient relationship** as a prerequisite to prescribing drugs; unprofessional conduct. SC ST SEC 40-47-113:

- (A) It is unprofessional conduct for a licensee initially to prescribe drugs to an individual without first establishing a proper physician-patient relationship. A proper relationship, at a minimum, requires that the licensee make an informed medical judgment based on the circumstances of the situation and on the licensee's training and experience. . .

DEA Ruling on Refill Authorization Forms Sent by Fax

Please be aware that Drug Enforcement Administration (DEA) ruled that "Faxed Refill Authorization Forms for Prescribers" are **not** allowed.

The DEA ruling is based on CFR 1306.04(a) and 1306.05(f). The position says that since the pharmacy computer software systems prepopulate fields allowing the prescriber to simply fill in a few blanks and sign and date the request, the prescription is not valid. Federal law states that since pharmacists are not agents of the prescriber, this type of renewal prescription request for prescribers is not allowed. **Please note this applies to prescriptions for controlled substances only.** Please contact DEA for further inquiries or clarification.

Refill Request for Non-Controlled Legend Drugs by Fax

All facsimile refill requests must meet the prescription format requirements in the South Carolina Pharmacy Practice Act. The practitioner must sign and date each refill request that is sent back by fax. A nurse cannot sign/stamp for the practitioner. A pharmacist, pharmacy intern, or state-certified pharmacy technician would need to call the practitioner for a written prescription if the prescription sent by fax does not meet these requirements.

Clarification on Non-Dispensing Hospital Owned Physician Practices

At its September 19, 2012 meeting, the Board was asked to further clarify its position on non-dispensing hospital owned physician practices. Where the hospital-owned physician site is under the control of the director of pharmacy, the site does not need a non-dispensing drug outlet permit, provided a physician is on site during the hours of operation. This means the responsibility for the site would be under the pharmacy permit under the hospital, and action could also be taken against the director of pharmacy in the event of a problem.

This does not prohibit a hospital from obtaining a non-dispensing drug outlet permit and getting a consultant pharmacist should they choose to do so.

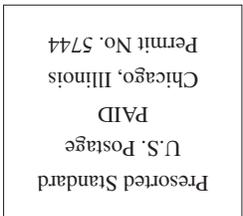
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