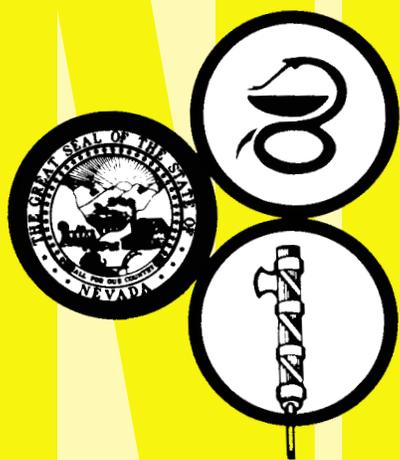


January 2005



# Nevada State Board of Pharmacy

555 Double Eagle Ct, Suite 1100, Reno, NV 89521-2957  
www.state.nv.us/pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

## Board Members

- Joseph R. Kellogg, RPh, Henderson..... President
- Michael A. Triolo, RPh, Elko..... Treasurer
- Raymond J. Seidlinger, RPh, Las Vegas...Board Member
- Marcie Ranick, RPh, Las Vegas..... Board Member
- Kathryn Craven, RPh, Las Vegas..... Board Member
- J. David Wuest, RPh, Reno..... Board Member
- Ann Peterson, MS, Reno..... Board Member

## Schedule of 2005 Board Meetings

- January 12-13..... Las Vegas
- March 2-3..... Reno
- April 13-14..... Las Vegas
- June 1-2..... Reno
- July 20-21..... Las Vegas
- September 7-8..... Reno
- October 26-27..... Las Vegas
- December 7-8..... Reno

## New Board Members Appointed by the Governor's Office

Governor Kenny Guinn has appointed two new members to the Nevada State Board of Pharmacy. They replace past Board President Larry Pinson and Public Member Robert Wood.

The governor selected Ms Ann Peterson, MS, as the new public member. Ms Peterson, a Reno resident of 34 years, is a retired marriage and family therapist who received her baccalaureate degree from Michigan State University and her master's degree from the University of Nevada – Reno. She and her husband have two children and one granddaughter. In addition to part-time consulting a family business operated by their son, they also enjoy traveling and dancing.

David Wuest, RPh, is Governor Guinn's appointment of a pharmacist as a new board member. David is employed at Arlington Clinical Pharmacy and is a resident of Reno. Pharmacist Wuest received his pharmacy education at the University of Cincinnati. Of interest is his family history in pharmacy. David's wife Deborah is also a pharmacist. They

met in college where David's pharmacist father Richard was a professor to both. Moreover, David's father is a former member of the Ohio State Board of Pharmacy and his stepmother is a current member and president of the Ohio Board. That is really "keeping it in the family."

The Board of Pharmacy staff welcomes the new members and wishes them great success and accomplishments in their tenure.

## Board Member Announces Retirement

Marcie Ranick, RPh, Nevada Board member for three years and a Las Vegas district pharmacy manager for Walgreen Company, announced her promotion and transfer to Deerfield, IL. Correspondingly, Ms Ranick submitted her resignation from the Board effective the first of the year. Pharmacist Ranick aptly served the Board during challenging times and significant changes. Congratulations and good luck in your future endeavors.

## Stroke is an Emergency: Know the Signs

With so much going on in our busy lives, it is easy to overlook something like a little slur in your speech or numbness in your leg. But if you are at risk for stroke, ignoring incidents like these could cost you your independence – or even your life.

Sudden trouble speaking and numbness or weakness in one's face, arm, or leg are both signs of stroke, which is the leading cause of disability and the third-leading cause of death in the United States. Each year, approximately 750,000 Americans experience stroke, with about 160,000 of them dying and another 250,000 left severely or permanently disabled. Stroke and related diseases are the fourth-leading cause of death in Nevada. In addition, many Nevadans who survive stroke are left with impaired mobility, independence, and communication – which, in turn, can lead to decreased socialization, financial instability, depression, and other problems.

Currently, there is only one approved drug treatment for acute stroke, but new medicines continue to be investigated. Doctors at Washoe Health System in Reno are participating in a study of one of these potential treatments.

Continued on page 4



## **The Effects of the Flu Vaccine Shortage**

In early October 2004, Chiron Corporation, one of two major pharmaceutical manufacturers of influenza vaccine, informed the Centers for Disease Control and Prevention (CDC) that it would be unable to distribute its estimated 48 million doses of Fluvirin® in time for the 2004-05 flu season. The United Kingdom's Medicines and Healthcare products Regulatory Agency temporarily suspended Chiron's license for its Liverpool facility that was scheduled to produce Fluvirin for distribution throughout the United States.

During the 2003-04 flu season, approximately 87 million doses of influenza vaccine were administered. Before Chiron's announcement, it was expected that 100 million doses would be available during this season, with Aventis, the other major influenza vaccine (Fluzone®) producer, contributing 54 million doses. Aventis has indicated that it will be able to produce an additional 2.6 million doses of influenza vaccine by January 2005.

Shortly after this announcement CDC convened its Advisory Committee on Immunization Practices to issue recommendations to prioritize the existing supply of influenza vaccine. In summary, the CDC recommends that the following priority groups be given available doses first due to their increased risk of complications from influenza infection:

- ◆ Persons aged 65 years or older;
- ◆ Children six to 23 months of age;
- ◆ Residents of long-term care facilities and nursing homes;
- ◆ Persons two to 64 years of age with chronic medical conditions;
- ◆ Health care workers involved in direct patient care;
- ◆ Household contacts and out-of-home caregivers of children less than six months of age;
- ◆ Children and teenagers between the ages of six months and 18 years who are receiving aspirin therapy; and
- ◆ Pregnant women.

Although not appropriate for everyone, FluMist® (MedImmune), the intranasal influenza vaccine, may be a good alternative for healthy persons between the ages of five and 49. Unlike Fluvirin and Fluzone injectables, which are inactivated influenza vaccines, FluMist is a live attenuated virus, which, if administered to at-risk groups, particularly those with compromised immune systems, may in rare instances actually cause disease.

Other alternatives include antiviral medications, which may be used to prevent and treat influenza infection. The antiviral agents rimantadine, Tamiflu® (oseltamivir), and amantadine are Food and Drug Administration (FDA) approved for treatment and prophylaxis of influenza. Relenza® (zanamivir) is only approved for influenza treatment. To help minimize resistance, CDC currently encourages the use of amantadine or rimantadine for influenza prevention while using the other antivirals oseltamivir or zanamivir for treatment.

Although vaccination and other pharmacologic interventions are extremely beneficial, health care professionals should educate patients on practical measures that can be taken to prevent the spread of influenza. These include:

- ◆ Washing your hands frequently to avoid the spread of viruses and bacteria;
- ◆ Avoiding contact with people who may be sick;
- ◆ Cleaning telephones, door knobs, and other environmental surfaces with disinfecting agents to help prevent the spread of viruses and bacteria;
- ◆ Covering your mouth and nose when coughing or sneezing;

- ◆ Staying home from work and/or school when you are sick and limiting/eliminating contact with those who have compromised immune systems.

In late August 2004, US Department of Health and Human Services (HHS) Secretary Tommy G. Thompson released preliminary plans for a National Pandemic Influenza Preparedness Plan that details a national strategy to prepare for and respond to an influenza pandemic and provides action steps that should be taken at the national, state, and local levels during a pandemic. At press time, the draft plan was located at [www.hhs.gov/nvpo/pandemic-plan](http://www.hhs.gov/nvpo/pandemic-plan). Pharmacists have become increasingly active in efforts to increase the public access to immunizations; according to National Association of Board's of Pharmacy® (NABP®) 2003-2004 *Survey of Pharmacy Law*, more than half of the states allow pharmacists to administer immunizations.

Because of the influenza vaccine shortage, many have expressed concerns about the possibility of counterfeit influenza vaccines. Pharmacies and health care institutions should only secure product from reputable resources and immediately report any suspect product. Also, many pharmacies have reported that the price of influenza injectable vaccines from some distributors has more than doubled since the shortage. In mid-October 2004, HHS Secretary Thompson urged the state attorneys general to prosecute those who were price gouging the cost of influenza vaccines.

For more information visit these Web sites:

FDA Flu Information – [www.fda.gov/oc/opacom/hottopics/flu.html](http://www.fda.gov/oc/opacom/hottopics/flu.html).

CDC Influenza Information (including vaccination information and Antiviral Medication Usage Guidelines) – [www.cdc.gov/flu](http://www.cdc.gov/flu).

## **FDA Urges Consumer Education About Counterfeit Drugs**

In an interim report, FDA's Anti-Counterfeiting Task Force stressed the importance of increasing awareness and education of stakeholders including the public concerning counterfeit drugs. The report called for increasing efforts of FDA and other government agencies to educate consumers and health care professionals on how to reduce the risk of obtaining counterfeit drugs before the event occurs; educating consumers and health care professionals on how to identify counterfeit drugs; and improving and coordinating FDA and industry messages and efforts to address and contain a counterfeit event. At press time, FDA had available on its Web site ([www.fda.gov/cder/consumerinfo/counterfeit\\_all\\_resources.htm](http://www.fda.gov/cder/consumerinfo/counterfeit_all_resources.htm)) public service announcements that can be printed for consumers as well as educational articles to inform the public.

One recent high-profile case concerned Viagra® (sildenafil citrate) that was dispensed from two pharmacies located in California. The counterfeit product closely resembled genuine Viagra tablets with respect to size, shape, color, and imprinting; however, the counterfeit drugs had subtle differences in tablet edging, film coating, imprinting font, and packaging. At press time, FDA, along with Pfizer, Inc, the legitimate manufacturer of Viagra, was analyzing the counterfeit product to determine its true composition and whether or not it posed any health risks; fortunately, no injuries had been reported. For comparative photos of the counterfeit drug and genuine Viagra, refer to Pfizer's "Dear Pharmacist" letter posted on the company's Web site at [www.pfizer.com](http://www.pfizer.com) as well as FDA's distributed a press release that is now available at [www.fda.gov](http://www.fda.gov).



Exactly one month after the counterfeit Viagra product was discovered, FDA expressed concern regarding counterfeit versions of the prescription drugs Zocor® (simvastatin) and carisoprodol, which were imported from Mexico by US citizens. Tests of these products revealed that the counterfeit Zocor, reportedly purchased at Mexican border-town pharmacies and sold under the name Zocor 40/mg (lot number K9784, expiration date November 2004, and lot number K9901, expiration date December 2006), did not contain any active ingredient. Likewise, the counterfeit carisoprodol 350/mg (lot number 68348A) test results indicated that the products differed significantly in potency when compared to the authentic product. FDA continues to investigate this matter and is working with Mexican authorities to ensure that further sale and importation of these products are halted. For more information on counterfeit Zocor, visit [www.fda.gov/bbs/topics/ANSWERS/2004/ANS01303.html](http://www.fda.gov/bbs/topics/ANSWERS/2004/ANS01303.html).



## Diabetes or Alzheimer's Disease?

*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with United States Pharmacopeia (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, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://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: 1800 Byberry Rd, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

Several reports of mix-ups have been reported in which the antidiabetic agent AMARYL® (glimepiride) had been dispensed to geriatric patients instead of the Alzheimer's Disease medication REMINYL® (galantamine). Each drug is available in a 4 mg tablet, although other tablet strengths are also available for each.

In one case, a 78-year-old woman with a history of Alzheimer's disease was admitted to the hospital with hypoglycemia (blood glucose on admission 27 mg/dL). A review of the medications she was taking at home revealed that her pharmacist dispensed Amaryl 4 mg, which she took twice daily instead of Reminyl 4 mg BID. In another case, an 89-year-old female received Amaryl instead of Reminyl for three days, eventually requiring hospitalization for treatment of severe hypoglycemia. A third patient received Amaryl instead of Reminyl while in the hospital, leading to severe hypoglycemia. All patients recovered with treatment. These events have been linked to poor prescriber handwriting and sound-alike, look-alike names. It is possible that prescriptions for Amaryl are more commonly encountered than those for Reminyl. Thus, confirmation bias (seeing that which is most familiar, while overlooking any disconfirming evidence) may lead pharmacists or nurses into "automatically" believing a Reminyl prescription is for Amaryl.

Obviously, accidental administration of Amaryl poses great danger to any patient, especially an older patient, who may be more sensitive to its hypoglycemic effects. Practitioners should be alerted to the potential for confusion between Amaryl and Reminyl. Prescribers should be reminded to indicate the medication's purpose on prescriptions. Consider building alerts about potential confusion into computer

order entry systems and/or adding reminder labels to pharmacy containers. Patients (or caregivers) should be educated about all of their medications so they are familiar with each product's name, purpose, and expected appearance. Most importantly, at all times pharmacists and nurses should confirm that patients are diabetic before dispensing or administering any antidiabetic medication, including Amaryl. FDA, Aventis (Amaryl), and Janssen Pharmaceutica Products LP (Reminyl) are aware of these reports and will be taking action to help reduce the potential for errors.

## Medication Safety Videos Available Free

FDA's Center for Devices and Radiological Health has been producing a monthly series of patient safety videos available via the Internet. ISMP and FDA's Division of Medication Errors and Technical Support, Office of Drug Safety, has been cooperating in this effort. Access [www.ismp.org/Pages/FDAVideos.htm](http://www.ismp.org/Pages/FDAVideos.htm) for videos related to medication errors. See [www.accessdata.fda.gov/scripts/cdrh/cfdocs/psn/viewbroadcasts.cfm](http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/psn/viewbroadcasts.cfm) for a complete list of all broadcasts.

## 2005 Survey of Pharmacy Law Now Available

NABP's 2005 Survey of Pharmacy Law CD-ROM is now available. Eight new questions were added to this year's Survey; topics include the formatting requirements of prescription pads, laws/regulations on the disposal of medications, and whether or not pharmacists are allowed to dispense emergency contraception without a prescription.

The Survey can be obtained for \$20 from NABP by downloading the publication order form from [www.nabp.net](http://www.nabp.net) and mailing in the form and a check or money order to NABP. The CD-ROM is provided free of charge to all final-year pharmacy students through a grant from GlaxoSmithKline. If you do not have Web access or would like more information on the Survey, please contact NABP at 847/391-4406 or via e-mail at [custserv@nabp.net](mailto:custserv@nabp.net).

## NABP Headquarters Moves to New Location

NABP has moved its Headquarters to 1600 Feehanville Drive, Mount Prospect, IL 60056. The new phone number is 847/391-4406 and the new fax number is 847/391-4502. All printed communications can be sent to the Feehanville Drive address. If you have any questions concerning the Association's new Headquarters, please contact the Customer Service Department at [custserv@nabp.net](mailto:custserv@nabp.net) or call 847/391-4406.

## Register Now for NABP's 101<sup>st</sup> Annual Meeting

Register now for NABP's 101<sup>st</sup> Annual Meeting, May 21-24, 2005, at the Sheraton New Orleans Hotel, New Orleans, LA, so you can take advantage of the chance to earn up to five hours of continuing education (CE).

This year, CE sessions will focus on topics that fall under the Meeting's theme, "A Medley for Patient Safety: Accreditation, Self Assessment, Quality Care." Other events include the Educational Presentation Area and Poster Session, the President's Welcome Reception, NABP's annual business sessions, and the Annual Awards Dinner. In addition, you and your spouse or guest will have the opportunity to participate in a special recreational tour and the annual Fun Run/Walk.

For more information visit NABP's Web site at [www.nabp.net](http://www.nabp.net), or contact NABP at 847/391-4406 or [custserv@nabp.net](mailto:custserv@nabp.net).

Continued from page 1

As part of their involvement, the doctors are encouraging people to learn to recognize the signs and symptoms of stroke, and immediately call 911.

Possible symptoms of acute ischemic stroke include:

- ◆ Sudden numbness or weakness of face, arm, or leg, especially on one side of the body;
- ◆ Sudden confusion, or trouble speaking or understanding;
- ◆ Sudden trouble seeing in one or both eyes;
- ◆ Sudden trouble walking, dizziness, or loss of balance or coordination; or
- ◆ Sudden severe headache with no known cause.

If you or someone you know is experiencing one or more of these symptoms, it is important to get to the emergency room or stroke treatment center immediately.

“There are treatments available that may help reduce the effects of a stroke, but they need to be started within a few hours of the onset of symptoms,” said Paul M. Katz, MD, medical director at Washoe Comprehensive Stroke Center and principal director for the clinical study at Washoe Health System. “Therefore it is critical that people learn the signs and symptoms of a stroke so they can call 911 at the first sign.”

More than 95% of those who suffer an ischemic stroke do not reach the hospital in time to be considered for the currently available treatment. This might be because people do not recognize the symptoms and do not understand that stroke is a treatable emergency.

“Today, we know more about stroke treatment than ever before, but not enough people are getting help – in part because they wait too long to go to the hospital,” said Jim Baranski, chief executive officer of the National Stroke Association. “Time really is of the essence because patients cannot be considered for certain available medications or investigational treatments that must be given within a specific time window. We encourage everyone to know the symptoms of stroke and to act quickly if they experience them.”

The study at Washoe Health System is investigating a new treatment for acute ischemic stroke, which must be administered within a few hours after the stroke begins. Acute ischemic stroke is the kind of stroke that occurs when a blockage in a blood vessel in the brain cuts off blood supply to brain cells. (The other type of stroke, hemorrhagic stroke, results when a blood vessel in the brain bursts.)

### **Faxed Prescription Reminders**

Many practitioner offices are sending facsimile prescription orders without a fax “header.” Please remind the offices that identification of the origin of the facsimile at a minimum is necessary to prevent faxed prescriptions from unknown sources.

Additionally, many facsimile orders contain the notation, “electronic signature on file” or are rubber-stamped. This is not a valid prescription. The Board of Pharmacy has recommended that you treat the order as an oral order and confirm with the practitioner’s office, if necessary, the validity of the prescription. The near future will reveal a federally approved Drug Enforcement Administration electronic prescription prescribing system. The Board office has been hesitant to establish one mechanism, soon to be superceded by another. Regardless, any electronic signature transmission system needs Board of Pharmacy approval and none have been given.

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The *Nevada State Board of Pharmacy News* is published by the Nevada 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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