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# Nevada State Board of Pharmacy News

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## New Faces

2013 began with many changes for the Nevada State Board of Pharmacy. To keep you abreast:

- Governor Brian Sandoval reappointed Kirk Wentworth of Carson City, NV, to a second three-year term. Kirk, who is employed by Raley's Pharmacies, currently serves as the Board treasurer.
- Governor Sandoval likewise appointed former Board member Leo Basch, of Las Vegas, NV, to a three-year term as well. Leo works at Sunrise Hospital in Las Vegas, NV, and brings to the Board vast knowledge and experience in not only hospital pharmacy, but infusion and retail pharmacy as well. Congratulations to both Kirk and Leo as the Board wishes them well in their respective terms!
- Sadly, the appointment of new Board members means the end of terms for former Board members. Board staff and members wish to recognize the truly outstanding term served by former Board President Beth Foster. Beth ranks with the best at being totally prepared when performing her duties, and none before her have worked as hard. She conducted Board meetings professionally and with total class, always conducted Board business with the patient in mind, and devoted her efforts to the betterment of the profession of pharmacy. Thank you, Beth.
- The Board has elected veteran Board member Kam Gandhi from Las Vegas as the new Board president. Congratulations Kam, and best of luck handling your newly elected duties!
- Larry Pinson, the executive secretary, is pleased to announce the hiring of a deputy secretary with split duties as inspector in the north. The Board welcomes to that position Mr J. David Wuest, a former Board president, and a pharmacist well known to all Nevada pharmacy circles. Dave, a graduate of the University of Cincinnati, has experience in practically all facets of pharmacy. Staff looks forward to a long, fruitful career for Dave at the Board.
- Finally, Board General Counsel Carolyn Cramer elected to retire. Best of luck to her as she transitions into the role of lady of leisure, and the Board thanks her for her devotion over her years serving the Board. The retiring of a former Board general counsel requires the hiring of a new general counsel, namely S. Paul Edwards, JD. Paul's background includes senior associate at Lewis and Roca, LLP, focusing on contract negotiations and commercial litigation, and law clerk to the Supreme Court of Nevada. Welcome aboard, Paul!

## ICD-9 Codes

*By J. David Wuest, Deputy Secretary*

A recurring question from many practitioners is why does there seem to be an increase in pharmacists requesting ICD-9 codes to dispense a prescription? Moreover, should this be a Health Insurance Portability and Accountability Act (HIPAA) concern? Let us start with the HIPAA concern. The patient demonstrates his or her desire that the pharmacy be involved in his or her care by presenting the prescription to the pharmacy. Pharmacies and insurance companies, like physician practices, must have privacy practices and provide notice of these practices to the patient. A pharmacist requesting medical information needed to complete the dispensing of a patient's prescription, such as a diagnosis code, is within the guidelines of HIPAA.

Now on to what has caused an increase in ICD-9 requests. Some staggering facts: America's population comprises 6% of the world's population. Surprisingly, Americans ingest 60% of all medications in the world and 80% of the opiates. This overutilization of medication has led federal agencies to question appropriateness of medication use. In response to these questions, pharmacies and insurance companies have begun requiring, per policy, that the dispensing pharmacist document an ICD-9 code supporting the use of the prescribed medication. The Board has seen a crackdown by Drug Enforcement Administration on pharmacies and prescribers regarding inappropriate use of narcotics. In response, some pharmacies now require their pharmacists to document a supporting diagnosis code on all controlled substances.

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## FDA Issues New Guidelines for Sleep Aids Containing Zolpidem

Food and Drug Administration (FDA) has issued new dosing recommendations for sleep aids containing zolpidem. The new recommendations are based upon new data that shows that when taken at night, blood levels of zolpidem remain high enough in the morning to impair activities that require alertness, such as driving. The new guidelines halve the dosage for women because the new data showed that their bodies take longer to eliminate the drug.

FDA urges drug manufacturers and health care providers to follow the new dosing instructions, which apply to brand name and generic drugs containing zolpidem:

- Ambien®, Edluar™, and Zolpimist®: 5 mg for women, 5 mg or 10 mg for men
- Ambien CR®: 6.25 mg for women, 6.25 mg or 12.5 mg for men

Additionally, manufacturers of these drugs have been instructed to follow the new guidelines and print new patient information drug labels containing the new recommendations.

The recommended doses of Intermezzo®, a lower dose zolpidem product approved for middle-of-the-night awakenings, are not changing. At the time of Intermezzo's approval in November 2011, the label already recommended a lower dosage for women than for men. Additional details are available in an FDA Drug Safety Communication, available at *www.fda.gov/Drugs/DrugSafety/ucm334033.htm.*

## What is the National Medication Error Rate? What Standards Are Available for Benchmarking?

*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 national or other regional medication error rate does not exist. It is not possible to establish a national medication error rate or set a benchmark for medication error rates. Each pharmacy organization is different. The rates that are tracked are a measure of the number of **reports** at a given organization, not the actual number of **events** or the quality of the care given. Most systems for measuring medication errors rely on voluntary reporting of errors and near-miss events. Studies have shown that even in good systems, voluntary reporting only captures the "tip of the iceberg." For this reason, counting **reported** errors yields limited information about how safe a pharmacy actually is. It is very possible that a pharmacy organization with a good reporting system, and thus what appears to be a high error "rate," may have a safer system.

The National Coordinating Council for Medication Error Reporting and Prevention published a statement refuting the use of medication error rates. The statement, which is posted on the council's Web site (*www.nccmerp.org*), states the "Use of medication error rates to compare health care organizations is of no value." The council has taken this position for the following reasons:

- Differences in **culture** among health care organizations can lead to significant differences in the level of reporting of medication errors.
- Differences in the **definition** of a medication error among health care organizations can lead to significant differences in the reporting and classification of medication errors.
- Differences in the **patient populations** served by various health care organizations can lead to significant differences in the number and severity of medication errors occurring among organizations.
- Differences in the **type(s) of reporting and detection systems** for medication errors among health care organizations can lead to significant differences in the number of medication errors recorded.

According to the statement, the council believes that there are no acceptable incidence rates for medication errors. The goal of every health care organization should be to continually improve systems to prevent harm to patients due to medication errors. Pharmacies should monitor actual and potential medication errors that occur within their organization, and investigate the root cause of errors with the goal of identifying ways to improve the medication-use system to prevent future errors and potential patient harm. The value of medication error reporting and other data gathering strategies is to provide the information that allows an organization to identify weaknesses in its medication-use system and to apply lessons learned to improve the system. The sheer number of error reports is less important than the quality of the information collected in the reports, the organization's analysis of the information, and its actions to improve the system to prevent harm to patients.

It is more important to create the open environment that encourages the reporting of errors and near errors than to develop less meaningful comparative error rates.

## ISMP Launches Program to Track Vaccine Errors

ISMP has launched a National Vaccine Error Reporting Program (VERP) that allows health care providers to confidentially report vaccine administration errors and near misses. Health care providers from all practice settings, including pharmacies and physicians' offices, are encouraged to report all mistakes related to vaccines, regardless of whether any harm resulted from the incident. The program will help ISMP "better quantify the sources of errors and advocate for vaccine name, labeling, device, information, and other needed product changes to ensure patient safety," stated Michael Cohen, ISMP president. The ISMP VERP was designed with the assistance of the California Department of Public Health and with input from experts in the field, indicates ISMP. Reports sent to the ISMP VERP will be shared with FDA and forwarded to the vaccine manufacturer when applicable. ISMP also plans to work with the Centers for Disease Control and Prevention on information received to address vaccine-related safety. VERP can be accessed at *http://verp.ismp.org/.*

## Providers Should Ensure Only Diluted Forms of Acetic Acid Are Used, ISMP Warns

ISMP has issued a National Alert Network (NAN) notice advising that health care organizations should take immediate steps to ensure that only diluted acetic acid solutions are used in patient care. ISMP advises that the use and purchase of glacial acetic acid, the most concentrated form of acetic acid available, should be eliminated. Several cases of severe burns, scarring, and other permanent damage to skin or mucous membranes due to the inadvertent application of glacial acetic acid have been reported to the National Medication Errors Reporting Program operated by ISMP. ISMP provides the following steps for preventing further such events:

- Remove glacial acetic acid, which has no use in its current form in clinical medicine, from the pharmacy and replace with vinegar (5% solution) or commercially available diluted acetic acid 0.25% (for irrigation) or 2% (for otic use).
- Restrict purchasing so that pharmacy staff is purchasing acetic acid for all procedural areas.
- Restrict choices for purchasing so that glacial acetic acid is not selected by mistake.
- Ensure the correct strength is ordered.
- Educate staff about the differences between glacial acetic acid and diluted forms of acetic acid.
- Order 5% as "vinegar," which reduces the potential for confusion with glacial acetic acid.
- Verify the product by requiring an independent double-check of acetic acid solutions before dispensing or applying the product.

Information on the cases reported and common reasons for the cases are included in the NAN alert, which is available on the ISMP Web site at *www.ismp.org/NAN/files/20130121.pdf.*

## New FDA 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, pharmacists discuss how FDA Drug Safety Communications let health care providers, patients, and consumers know about newly observed potential risks of FDA-approved drugs. Drug Info Rounds videos are developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information and are available on the FDA Web site at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.*

## Progress Made in Implementing Recommendations Intended to Prevent Acetaminophen Overdose

Compelling progress has been made by stakeholders seeking to address the public health issue of acetaminophen overdose, indicates a white paper published by the National Council for Prescription Drug Programs (NCPDP). In 2011, NCPDP made recommendations that the health care industry take actions to support the safe use of acetaminophen, including recommending that pharmacies produce prescription labels with the complete spelling of acetaminophen and eliminating use of abbreviations such as "acet" or "APAP." Previous to that, in July 2010, the National Association of Boards of Pharmacy® (NABP®) recommended that "state boards of pharmacy prohibit the use of the abbreviation 'APAP' on prescription labels, and require that 'acetaminophen' be spelled out to assist in preventing the well-recognized danger of acetaminophen induced hepatotoxicity." The recommendation was based on established policy and a letter, sent by FDA to state boards of pharmacy, regarding the pharmacist's role in educating patients about acetaminophen induced hepatotoxicity caused by unintentional overdose. The recommendation was also consistent with the report of the NABP Task Force on Uniform Prescription Labeling Requirements, which made recommendations to encourage use of prescription labels that are organized in a patient-centered manner. NCPDP reports that pharmacy retailers "estimated to collectively represent more than half of the prescriptions dispensed in 2011, have either implemented or committed to a phased implementation" of the recommendation to use the complete spelling of acetaminophen on prescription labels. "This update to our white paper provides additional guidance for those industry stakeholders who have not yet implemented the new pharmacy labeling practices for acetaminophen-containing medicines," states Lee Ann Stember, president, NCPDP. The updated white paper is accompanied by a bulletin (PDF), available at *www.ncpdp.org/pdf/wp/NCPDPAcetaminophenInfoBulletin_PharmacyStakeholders.pdf,* developed for pharmacists that summarizes some of NCPDP's key recommendations regarding acetaminophen. In addition, the white paper, available for download at *www.ncpdp.org/ind_WP.aspx,* includes a list of resources for pharmacists to use in educating staff and pharmacy staff to use in educating patients (see Appendix D of the white paper). More information is available in an NCPDP news release available at *www.ncpdp.org/press/013113_NCPDP_Acetaminophen%20WP_FINAL.pdf.*

## Pharmacists Rated High for Honesty and Ethical Standards in Gallup's 2012 Poll

Pharmacists ranked as the second most trusted profession in the 2012 Gallup Poll that asked consumers to rate 22 professions according to their honesty and ethical standards. Pharmacists were ranked as very high or high in this category by 75% of those surveyed, with nurses ranking first at 85%, and medical doctors third at 70%. Additional information on the results of the 2012 poll is available on the Gallup Web site at *www.gallup.com/poll/159035/congress-retains-low-honesty-rating.aspx*.

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Another component of the ICD-9 requests is a new trend called a "smart prior authorization." Increasingly, insurance companies allow or require ICD-9 code information to be submitted to them during the claim processing. Providing this information at the time of claim processing circumvents the need for the practitioner to obtain prior authorization for the medication. The Board commonly sees this type of prior authorization on prescriptions for smoking cessation, antipsychotics, and diabetic supplies.

In conclusion, ICD-9 codes are being used to support the appropriate use of medication. You can expect to see an increase in the use of these diagnosis codes throughout the continuum of care. Now may be a good time to evaluate your practice, looking for ways to ease work requirements of this increasing trend.

## *The Sun*

*By Lisa Bingaman, CPhT*

Summer is approaching. Here is a reminder about summertime skin care facts:

1. The skin is the largest organ of the body.
2. Eighty percent of all skin cancers are found on the parts of the body with the most sun exposure: the face, head, neck, and hands.[1]
3. A history of sunburn can double your chance of developing skin cancer.[2]
4. Over half of all photodamage to the skin occurs by age 20.[1]
5. Every year, about 8,000 people in the United States die from skin cancer, and more than one million new cases of skin cancer are diagnosed.[2]
6. The three major types of ultraviolet (UV) radiation are UVA, UVB, and UVC.
   a. UVB causes the most skin damage, including wrinkling and collagen damage, and has the greatest intensity between 10 AM and 4 PM.
   b. UVA wavelengths penetrate deeper into the skin and can harm underlying tissue, damage DNA, and suppress the immune system.[1]
   c. UVC wavelengths have little effect on the skin.
   d. UV radiation can penetrate cloud cover, pollution, and one meter of water, and are magnified when reflected off of snow, sand, and water.[1]
7. Many medications can cause photosensitivity, so check with your pharmacist about any potential risk of sunburn.

Prevention: Experts generally agree that sunscreens can help protect against cancerous and non-cancerous skin diseases. Sun Protection Factor (SPF) is the ratio of skin protection **using** a sunscreen compared to **not using** a sunscreen. In other words, how much time a person can be exposed to UVB before the first redness of sunburn occurs. So if a person experiences sunburn within 20 minutes, he or she could expect to extend this time period to 200 minutes with an SPF 10 sunscreen (20 minutes times SPF 10 equals 200 minutes).

For the best long-term benefits, you should start using sunscreens as early as possible after six months of age. It is best to use "broad spectrum" products, which offer protection against both UVA and UVB wavelengths, with an SPF of at least 15. Of course, people with higher sun sensitivity may require an SPF of 30 or more.[1] In addition to sunscreens, you can also wear protective clothing, hats, sunglasses, and tightly woven, long-sleeved shirts and pants.

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