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Nevada State Board of Pharmacy News

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Newsletter Goes Electronic

This is the last issue of the Nevada State Board of Pharmacy's printed *Newsletter.* Going forward, all future Board newsletters will be provided as a downloadable PDF posted on the National Association of Boards of Pharmacy® (NABP®) website. Licensees can sign up for a free email alert to receive a reminder whenever a new issue of the *Newsletter* becomes available. To sign up for the email alert, visit the Board's contact page in the Boards of Pharmacy section of the NABP website at *www.nabp.pharmacy* and click the subscribe link. The Board is undertaking this effort to deliver updates as timely as possible and make the information more easily accessible.

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More on Opiate Addiction

By Cyndi Polsinelli, Treatment Consultant, American Addiction Centers

Addiction has been creeping into the lives of Americans over the past few decades. Solutions Recovery, like other addiction treatment facilities, is usually one of the last lines of defense against the opioid and prescription drug overdose epidemic. As pharmacists, you are one of the first lines of defense. You have the ability to help keep drugs out of the hands of those who may want to abuse them or sell them to those who will. The Centers for Disease Control and Prevention (CDC) (*www.cdc.gov/drugoverdose/index.html*) announced that in recent years there have been more prescription drug overdose deaths than both heroin and cocaine overdose deaths combined. Since 1999, the sale of opioids alone has risen by 300%. This may not seem like a big deal, but if you add in other addictive prescriptions combined with street drugs being sold, it paints the picture a little more vividly.

Not only are pharmacists bound by law, they are also held to an ethical contract to look out for and help their customers to the best of their ability. Workdays can be extremely grueling, but if you train yourself to watch for the following red flag indicators, you could easily be the difference between a life saved and a life lost.

1. Early refill requests;
2. Highest strength and/or dose of medication requested;
3. Unknown physician to the pharmacy and/or physician who writes multiple prescriptions for addictive medications;
4. Signs of forgery such as rubber stamps, different colored ink, misspellings, changes made/crossed out, photocopies, no abbreviations or nonstandard abbreviations;
5. Doctor writing prescriptions beyond his or her specialty/scope of practice (eg, dentist writing attention deficit hyperactivity disorder medication);
6. Requests being made when pharmacy is close to closing hours;
7. Cash payments;
8. False caregivers (scrutiny should be high for anyone picking up a prescription for someone else);
9. Change of customer's normal pharmacy; or
10. Sedated, confused, or anxious behavior.

The Nevada Prescription Monitoring Program (PMP) is a useful tool and should be utilized in every case. Do not be afraid to take time to properly check the PMP, call the prescribing physician, or ask a coworker for his or her thoughts. Properly dispensing prescription drugs is a meaningful job that comes with the great responsibilities of public safety. Thank you for taking the time to properly dispense prescriptions and working toward a better, safer tomorrow.

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DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at *www.deadiversion.usdoj.gov/drugreg/index.html.*

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at* www.ismp.org. *Email: ismpinfo@ismp.org.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit *https://www.ismp.org/Survey/NewMssacap/Index.asp.*

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists,* CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at *www.cdc.gov/dhdsp/pubs/docs/pharmacist-resource-guide.pdf.*

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at *https://jcpp.net.*

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.*

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register,* which can be found at *www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.*

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at *www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.*

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at *www.ptcb.org* in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit *www.BuySafeRx.pharmacy.*

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at *http://lawatlas.org/datasets/pharmacist-vaccination,* explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

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If you know anyone struggling with prescription drug addiction or any other addiction, American Addiction Centers is reachable at 702/305-6438. All phone calls are confidential.

PMP Data Submission Accuracy

By Darla Zarley, PharmD, RPh, Board Member, Associate Professor of Pharmacy Practice, Roseman University

As they say, "garbage in equals garbage out!" The Nevada PMP is an essential tool for tracking the dispensing of controlled substances (CS) to patients in Nevada.[1] The PMP works best when dispensers submit accurate CS dispensing information to the PMP database. Pharmacists and pharmacy technicians manually enter most of the data that their pharmacies submit to the PMP. Safeguards and quality checks exist to detect missing information or incorrect characters in data fields, but errors still find their way into the PMP database. Errors in the data can result in inaccurate patient PMP reports. Incorrect PMP reports can negatively impact prescribers and, ultimately, patient care.

To determine the accuracy and integrity of Nevada's PMP data, Roseman University of Health Sciences College of Pharmacy has partnered with the Board and the Nevada PMP to analyze the information that pharmacies in the state have submitted to the PMP over the last 12 months. This study will involve your pharmacy and will occur during your annual inspection.

During your annual inspection, Board inspectors will request copies of randomly selected CS prescriptions that your pharmacy has dispensed for auditing. Upon arrival, the Board inspector will provide you with the list of CS prescriptions you are required to collect and copy. You will be required to provide copies of the hard copy prescription **and** the filling tag/prescription label. If the PMP discovers data errors during the auditing of those CS prescriptions, the PMP administrator will contact you to request that you correct the information and resubmit it to the PMP within the specific time frame that the administrator will provide.

At the conclusion of the study, the PMP will review all of the information gathered to determine the most common data entry errors that pharmacies submitted to the PMP database and to identify potential barriers that affect PMP data accuracy. The PMP will use this information to develop guidance and provide education to pharmacists and technicians on the importance of entering accurate information into the PMP database. The information will also help the PMP identify potential areas for its improvement. Roseman University, the Board, and the PMP thank you in advance for your participation in this process.

Reference

1. CDC. Injury prevention & control: opioid overdose. CDC website. https://www.cdc.gov/drugoverdose/pdmp. Updated March 21, 2017. Accessed March 22, 2017.

Attention Pharmacy Managers!

Once again, the last renewal period for all licensees other than pharmacists vetted out several working unlicensed pharmacy technicians. With October not that far away, your staff pharmacists will be up for renewal again. So who is responsible for ensuring proper licensure of pharmacy staff? The Board considers this "Pharmacy Manager 1A"; it is a basic responsibility and one that, if ignored, will lead to discipline for not only the pharmacy manager, but for the pharmacy as well. The Board encourages you to start verifying licensure at least 30 days prior to the renewal deadline to ensure your staff renews on time. Check by using the Board website's License Verification page – the Board's public search option is in real time. Print a copy of staff licenses and hang them on the wall before allowing staff access to the pharmacy.

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® (NABPF®) to promote 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 NABPF or the Board unless expressly so stated.

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