



# Nevada State Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## Message From the Executive Secretary, Larry Pinson

It is with mixed emotions that I announce my decision to retire, effective sometime within the next year, after over 22 years of being associated in one way or another with the Nevada State Board of Pharmacy. My career began with the Board in 1995, with an appointment by then-Governor Bob Miller. I became president of the Board shortly thereafter and presided over the Board for the next eight years, being reappointed by the next two governors. After completing the nine-year maximum of service on the Board, I was selected as executive secretary, replacing the iconic Keith Macdonald after his retirement.

As I reflect over all of those years, I am proud to have served our time-honored profession in a regulatory role, and I truly believe that pharmacists have always earned their recognition as one of the most respected professions in our country. Day in and day out, all of you, including pharmacy technicians, toil for the betterment of the health and safety of Nevada citizens, which is what the Board of Pharmacy is all about. I am proud of the work our Board has accomplished and the goals we have achieved over my tenure. It was 1996 when our prescription monitoring program (PMP) was launched, one of the first electronic PMPs in the country, and today we handle over 3 million inquiries per year. We had to deal with gray market wholesalers and closed-door pharmacies, along with one case gaining national attention, followed by the hepatitis outbreak and the New England Compounding Center tragedy. Fortunately for Nevadans, we had already adopted strong compounding regulations. Our initiative 10 years ago of “inspecting for safety” has transformed a pharmacy board inspection into an exercise in compliance and safe pharmacy practices, for the betterment of all.

None of our accomplishments could have occurred without the support of my Board members over the years, not to mention the drive and support of our incredible office staff, our inspectors and investigators, and our executive staff. I am thankful to them all for allowing me to do my job and affording me the opportunity to serve, as well as to all of you in the profession, who have always afforded me support and respect.

## New Executive Secretary Announced (The Ultimate Bearcat!)

J. David (“Dave”) Wuest, a graduate of the University of Cincinnati in Ohio and hence an avid Bearcat fan, has been selected to succeed Executive Secretary Larry Pinson upon Larry’s pending retirement in 2018. Dave comes from a long and storied family of pharmacists and has experience in practically every facet of pharmacy, having served on and presided over the Board and acted as the Board’s deputy executive secretary for the past five years, so he comes to the position with stellar qualifications. Board staff is elated at the decision to hire Dave and wishes him a long and fruitful career in his new position, with the only concern being the removal of all of Larry’s Cal, San Francisco Giants, and 49er memorabilia and decor to be replaced with unfamiliar Bearcat, Cincinnati Reds, and Bengals stuff. Congratulations, Dave!

## Regulatory Update

During the 2017 session of the Nevada Legislature, there were over 30 bills introduced that directly affected the practice of pharmacy. The following is a summary of some of the bills that became law:

**Senate Bill (SB) 59** requires the uploading of Schedule V opioid medications into the state’s prescription monitoring database. It also authorizes law enforcement agencies, coroners, and medical examiners to access the database to enter reports of controlled substance (CS) violations, stolen prescription drugs, and prescription drug-related overdoses or deaths.

**SB 337** authorizes a registered pharmacist to manipulate a person for the collection of specimens. It also authorizes a registered pharmacist to perform certain laboratory tests without obtaining certification as an assistant in a medical laboratory.

**SB 131** requires each retail community pharmacy in the state to provide a prescription reader upon the request of a

*Continued on page 4*

## **.Pharmacy Domain Signals Safety on the Web**



With only 4% of websites selling prescription drugs online following United States pharmacy laws and practice standards, consumers seeking medications online are faced with the daunting task of finding a safe site. To assist consumers and those legitimate pharmacies with an online presence, NABP has streamlined its website verification programs. As of September 1, 2017, NABP is only offering the .Pharmacy Verified Websites Program and the Verified Internet Pharmacy Practice Sites® (VIPPS®) program, providing an easy choice for safety-minded consumers and pharmacies alike. The .Pharmacy Program, which was launched in 2014, enables qualified pharmacies and pharmacy-related businesses to register a web address with the .pharmacy domain. A .pharmacy domain (pronounced “dot pharmacy”) is part of a website’s address like “.com” or “.biz”: [www.safe.pharmacy](http://www.safe.pharmacy). It enables people to identify an online pharmacy or pharmacy-related website as safe and legitimate. Since .pharmacy is a verified domain, websites are evaluated against a set of safety standards before an applicant is approved to register the domain.

In addition to showing patients that they operate a safe website, the .pharmacy domain allows pharmacies and related entities to advertise online through Google, Bing, and Yahoo! The .Pharmacy Program replaces the e-Advertiser Approval™ and Veterinary-VIPPS® programs for those entities that are not eligible to apply for VIPPS but want to advertise with the search engines.

For more information about the .Pharmacy Program, including the application and domain name registration process and fees, visit [www.safe.pharmacy/apply](http://www.safe.pharmacy/apply).

## **Quality Processes, Risk Management, and Culture: HR-Related Policies That Conflict With a Just Culture**

*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](http://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](http://www.ismp.org). Email: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

As health care organizations move toward a “Just Culture,” one of the areas potentially overlooked is human resource (HR)-related policies and procedures. Because these policies and procedures typically describe staff expectations, individual accountability, and disciplinary processes, they must be reviewed and often revised to ensure alignment with the tenets of a Just Culture. Otherwise, the journey will be long and unsuccessful if the policies are in conflict with a Just Culture.

In a Just Culture, HR-related policies and procedures regarding safety should hold all individuals equally accountable for the quality of their behavioral choices and should not focus on errors (which are not a behavioral choice), except for the expectation to report them. Policies and procedures should reflect a tone that is proactive toward risk identification, rather than reactive to errors and adverse outcomes. They should define human error as inadvertent, with a response of consoling individuals and conducting an investigation to determine how to redesign systems to prevent errors or detect them before reaching the patient. Policies and procedures should describe how to investigate a procedural violation to determine its causes and scope, and how to coach staff who have engaged in at-risk behaviors under the mistaken, but good faith, belief that the risks were insignificant or justified. For outcome-based duties related to a business code of conduct, such as arriving to work on time and wearing identification badges, policies should be clear about expectations and the actions that will be taken when they are not met. When describing reckless behavior (actions involving a conscious disregard of what an individual knows is a substantial and unjustifiable risk), remove any reference to “negligent” or “criminal” conduct as the basis for disciplinary action. Regrettably, mere human error can result in legal action (criminal negligence), but human error is never reckless behavior. Also ensure that event reporting and investigation policies and procedures support the tenets of a Just Culture.

While HR-related policies and procedures cannot guarantee that the desired actions will be realized in practice, they are a critical step for building an organizational foundation for success. Old punitive policies risk slipping back into an unjust culture. As organizations align actual practice with a Just Culture, they also need to align supporting policies and procedures.

## **AMA Task Force to Reduce Opioid Abuse Promotes Safe Storage, Disposal of Opioids**

The American Medical Association (AMA) Task Force to Reduce Opioid Abuse released a resource document that urges physicians and other health care providers to promote safe storage and disposal of opioids and all medications. The AMA document indicates physicians and other providers need to:

- ◆ educate patients about safe use of prescription opioids;
- ◆ remind patients to store medications out of children’s reach in a safe place; and
- ◆ talk to patients about the most appropriate way to dispose of expired, unwanted, and unused medications.

The AMA resource document and additional information can be found at [www.ama-assn.org/opioids-disposal](http://www.ama-assn.org/opioids-disposal). Options for disposing of medications safely are available in the Initiatives section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy) under AWAR<sub>x</sub>E®.

## **CDC Guide Shows Importance of Physicians, Pharmacists Working Together**

Collaborative care by at least two practitioners working together with the patient to accomplish shared goals has been shown to improve hypertension control and cholesterol management, especially when the team involves a physician or nurse and a pharmacist, notes a new guide developed by the Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention, in collaboration with the American Pharmacists Association and AMA. The guide,

News to a particular state or jurisdiction can only be ascertained such state or jurisdiction.

*Creating Community-Clinical Linkages Between Community Pharmacists and Physicians*, discusses the importance of community-clinical linkages specific to community pharmacists and physicians and provides a framework for how community pharmacists and physicians might approach the development of a link to help patients. In addition, the guide provides examples of existing community-clinical linkages between community pharmacists and physicians and discusses common barriers to and potential solutions for creating community-clinical linkages. The guide is available at [www.cdc.gov/dhbsp/pubs/docs/ccl-pharmacy-guide.pdf](http://www.cdc.gov/dhbsp/pubs/docs/ccl-pharmacy-guide.pdf).

### **FIP Report Shows Value of Pharmacists' Role in Consumers' Self-Care**

Support from pharmacists will assist consumers in better health maintenance and greater health system efficiency, indicates a recently released report from the International Pharmaceutical Federation (FIP). The report, *Pharmacy as a gateway to care: Helping people towards better health*, discusses the various factors involved in individual self-care and the evidence that pharmacists can increase value for those individuals through many opportunities because informed, engaged, and educated consumers will play a greater and critical role in caring for themselves. The definition of self-care this report adopts is that of the World Health Organization: "the ability of individuals, families and communities to promote health, prevent disease, and maintain health, and to cope with illness and disability with or without the support of a health care provider."

The report is available at [www.fip.org/files/fip/publications/2017-04-Pharmacy-Gateway-Care.pdf](http://www.fip.org/files/fip/publications/2017-04-Pharmacy-Gateway-Care.pdf).

### **FDA Restricts Use of Codeine and Tramadol Medicines in Children; Recommends Against Use in Breastfeeding Women**

As of April 2017, Food and Drug Administration (FDA) is restricting the use of codeine and tramadol medicines in children. FDA is also recommending against the use of these medicines in breastfeeding mothers due to possible harm to their infants. Codeine and tramadol medicines carry serious risks, including slowed or difficult breathing and death, which appear to be a greater risk in children younger than 12 years, and should not be used in this age group. These medicines should also be limited in some older children. Single-ingredient codeine and all tramadol-containing products are FDA-approved only for use in adults.

As indicated in the FDA Drug Safety Communication available at [www.fda.gov/Drugs/DrugSafety/ucm549679.htm](http://www.fda.gov/Drugs/DrugSafety/ucm549679.htm), FDA is requiring several changes to the labels of all prescription medicines containing these drugs. These new actions further limit the use of these medicines beyond their 2013 restriction of codeine use in children younger than 18 years to treat pain after surgery from removal of tonsils and/or adenoids. FDA is now adding:

- ◆ A *Contraindication* to the drug labels of codeine and tramadol, alerting that codeine should not be used to treat pain or cough and tramadol should not be used to treat pain in children younger than 12 years.
- ◆ A new *Contraindication* to the tramadol label, warning against its use in children younger than 18 years to treat pain after surgery from removal of tonsils and/or adenoids.
- ◆ A new *Warning* to the drug labels of codeine and tramadol to recommend against their use in adolescents between 12 and

18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems.

- ◆ A strengthened *Warning* to mothers that breastfeeding is not recommended when taking codeine or tramadol medicines due to the risk of serious adverse reactions in breastfed infants.

FDA urges health care providers to report side effects involving codeine- and tramadol-containing medicines to the FDA MedWatch program at [www.fda.gov/safety/medwatch](http://www.fda.gov/safety/medwatch).

### **AVMA Warns Pharmacists and Pet Owners About Xylitol Pharmaceutical Products**

Pharmaceutical products containing xylitol may be dangerous and fatal to dogs, warns the American Veterinary Medical Association (AVMA). Xylitol stimulates an insulin release that can result in severe hypoglycemia and fatal liver damage. Pharmacists and pet owners need to be aware of and protect against xylitol toxicoses, indicates AVMA. FDA-approved gabapentin capsules and tablets do not contain xylitol, but the liquid form does. In addition, xylitol-containing media might be used in compounding products if the pharmacist is uninformed about not using it.

AVMA urges pharmacists to not use xylitol-containing products when compounding for canine patients and to contact the veterinarian if a prescribed product contains xylitol. The veterinarian may be unaware that this sweetener is in the product. AVMA also encourages pet owners and caretakers to verify with the pharmacist when picking up their dog's medication at a human pharmacy that the medication does not contain xylitol. Xylitol-containing peanut butter should not be used to help a dog take its medication.

For more information, visit [atwork.avma.org/2017/05/30/eliminate-xylitol-from-canine-prescriptions](http://atwork.avma.org/2017/05/30/eliminate-xylitol-from-canine-prescriptions).

### **CDC Publishes Guide to Help Pharmacists Initiate CPAs With Prescribers**

CDC published a guide that provides pharmacists with information and resources to empower them to initiate collaborative practice agreements (CPAs) with collaborating prescribers. The guide, *Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team*, contains a sample CPA and sample language that can be customized by pharmacists and prescribers using their specific state laws to create a CPA. The guide includes an overview of state laws, including which states currently allow CPAs. The guide is available at [www.cdc.gov/dhbsp/pubs/docs/CPA-Team-Based-Care.pdf](http://www.cdc.gov/dhbsp/pubs/docs/CPA-Team-Based-Care.pdf).

### **DEA Releases New Edition of Drugs of Abuse Resource Guide**

Drug Enforcement Administration (DEA) released the 2017 edition of *Drugs of Abuse, A DEA Resource Guide*, which serves as a resource on the most commonly abused and misused drugs in the US. The latest edition, which is an update to the 2015 publication, describes the consequences of drug use, a drug's effects on the body and mind, overdose potential, origin, legal status, and other key facts. It also includes the most current information on new and emerging trends in drug misuse and abuse, including fentanyl, other opioids, and synthetic drugs. The 2017 edition can be found at [www.dea.gov/pr/multimedia-library/publications/drug\\_of\\_abuse.pdf](http://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf).

Continued from page 1

person to whom a drug is dispensed or advice on obtaining a prescription reader.

**SB 260** authorizes a pharmacist who has entered into a valid collaborative practice agreement (CPA) to engage in the collaborative practice of pharmacy and collaborative drug therapy management in the retail setting. These CPAs must be approved by the Board prior to initiation.

**SB 171** requires retail pharmacies in Nevada to post instructions for the safe disposal of unused drugs.

**Assembly Bill 474** is the governor's broad opioid bill. Along with many requirements on practitioners using CS to treat patients, it will also affect the practice of pharmacy. It requires a practitioner to list days supply, *International Classification of Diseases, Tenth Revision* code, and Drug Enforcement Administration registration number on all Schedule II, III, and IV prescriptions. Starting January 1, 2018, prescriptions for Schedule II, III, and IV CS must contain these elements to be valid. It also empowers occupational licensing boards that license practitioners who are authorized to prescribe CS to review and evaluate records and impose disciplinary action if the practitioner is unlawfully prescribing.

The Board has begun the regulatory process to provide additional guidance regarding these new laws.

For more information or to view the laws, visit <https://www.leg.state.nv.us/App/NELIS/REL>.

### **Bowl of Hygeia Recipient 2017**

Congratulations to Mark C. Decerbo, PharmD, for being selected as the recipient of Nevada's 2017 Bowl of Hygeia! First presented in 1958 and established by the A.H. Robins Company, the Bowl currently recognizes one pharmacist from each United States state and territory and each Canadian province who has compiled an outstanding record of community service to complement professional accomplishments that favorably reflect upon our profession. Mark is currently a clinical pharmacy specialist – internal medicine at University Medical Center of Southern Nevada in Las Vegas, NV; adjunct professor of pharmacology at Touro University; associate professor of pharmacy practice at Roseman University; and clinical associate professor of medicine at University of Nevada, Reno School of Medicine. He has given several research and professional presentations, is well published, has been active with the American Pharmacists Association, National Association of Boards of Pharmacy®, United States Pharmacopeial Convention, and Board of Pharmaceutical Specialties over the years – all while staying active in his community. Kudos, Mark!

### **Friendly Reminder**

Technicians-in-training must have a **separate registration** for each individual pharmacy in which they receive their training. They cannot “float” from pharmacy to pharmacy, even within the same organization. The pharmacy manager is responsible for ensuring that his or her staff is properly licensed, so check those registrations!

### **Is Your Pharmacy Helping or Hindering the Health of Nevadans?**

Adults may grow up, but they never outgrow the need for vaccines. Many are unaware or misinformed about the need for vaccines after childhood. The economic and social burden

caused by unvaccinated adults can be greatly reduced by making adult vaccination a standard of care in your pharmacy. Over the past few years, pharmacies have become increasingly relied upon for adult vaccine administration because they are often more accessible physically and economically, offering later walk-in hours as well as the capability to bill most insurance providers. Because of the increasing role that pharmacists play in vaccinating adults, it is imperative that all immunizing pharmacies be trained on how to navigate Nevada's immunization information system, NV WebIZ. Nevada has laws that require pharmacists to report administered immunizations. Although this may seem burdensome at times, it is crucial for our state to have consistent and accurate data. This information can drive public health funding and policymaking and, even more importantly, creates an accurate picture of Nevada communities' overall health and vulnerability to disease.

The Nevada State Immunization Program currently offers two ways to report administered vaccines. The first is through direct entry in NV WebIZ, and the second is through an electronic interface between a pharmacy's internal record-keeping system and NV WebIZ, known as HL7. An organization that uses the HL7 interface should establish an internal monitoring procedure during the initial test phase of going HL7-live to ensure all doses entered into their internal system are sent to NV WebIZ. HL7 pharmacies are encouraged to audit their system quarterly to ensure their system continues to correctly communicate with the NV WebIZ database.

In order for providers to receive a username and password to use NV WebIZ, they must first attend a training session with Nevada State Immunization Program staff. User accounts can range anywhere from view-only access to superusers who have added capabilities such as updating patient information or ordering vaccines. NV WebIZ offers various levels of training depending on the type of access the user has. The Nevada State Immunization Program encourages users to attend periodic brush-up trainings to stay abreast of changes made during NV WebIZ system updates. Continuing education units are available through the Board for attending NV WebIZ training.

Contact the NV WebIZ trainers today to see which training is right for you.

- ◆ Northern Nevada trainer: Jordan Hosmer-Henner at 775/684-5996
- ◆ Southern Nevada trainers: Jan Salazar or Tami Collins at 702/486-0580

For more information, visit [http://dph.nv.gov/Programs/WebIZ/dta/Training/WebIZ\\_-\\_Training\\_Education](http://dph.nv.gov/Programs/WebIZ/dta/Training/WebIZ_-_Training_Education).

Page 4 – October 2017

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