April 2020

# Nevada State Board of Pharmacy News

*Published to promote compliance of pharmacy and drug law*

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***Editor's Note:*** *The content of the Nevada State Board of Pharmacy's Newsletter was finalized prior to the coronavirus disease 2019 (COVID-19) outbreak. Licensees should check the Board's website for the most up-to-date information.*

## Board Members

Helen Park, PharmD, RPh, Henderson .....President
Wayne Mitchell, PharmD, RPh, Carson City.....Board Treasurer
Richard Tomasso, Las Vegas.....Public Member
Krystal Freitas, PharmD, RPh, Las Vegas.... Board Member
Gener Tejero, RPh, Henderson..... Board Member
Rolf Zakariassen, RPh, Reno ..... Board Member
Jade Jacobo, PharmD, JD, Las Vegas..... Board Member

## The Board Welcomes New Members

Board staff is delighted to welcome four new Board members since the completion of its last *Newsletter*. Helen Park, PharmD; Richard Tomasso; Krystal Freitas, PharmD; and Rolf Zakariassen have been appointed to the Board by Governor Steve Sisolak. They join Board members Jade Jacobo, PharmD, JD; Wayne Mitchell, PharmD; and Gener Tejero, RPh, to complete the seven-member Board.

**Helen Park** received her doctor of pharmacy degree from Roseman University of Health Sciences. She is currently the assistant dean of admissions and student affairs and associate professor of pharmacy practice at Roseman College of Pharmacy. Helen has served on a multitude of university and national level committees on pharmacy education. Prior to her career in pharmacy, she worked in the aerospace industry.

**Richard Tomasso** has been appointed to the Board as a public member. Richard has a long history of professional service as a law enforcement agent. Over the past years, his focus has been making gaming safer through his work as a security consultant. Richard brings with him a vast knowledge of public safety. Richard's appointment to the Board allows him to continue his career of protecting the public.

**Krystal Freitas** received her doctor of pharmacy degree from Roseman University of Health Sciences. Along with her introductory pharmacy practice experience and advanced pharmacy practice experience, she has practiced in both institutional and community pharmacy settings. Krystal is currently the assistant director of pharmacy at Spring Valley Hospital Medical Center in Las Vegas, NV, overseeing pharmacy operations throughout the health system. She is certified in United States Pharmacopeia Chapter <797> standards. She has also served on a committee related to drug abuse awareness. Prior to her career in pharmacy, she received her master's degree in social work.

**Rolf Zakariassen** received his bachelor of science degree in pharmacy from Albany College of Pharmacy. He began his career in the state of New York, but has been a longtime practicing pharmacist in Nevada. His career has spanned over 40 years, with most of it spent in the retail pharmacy setting. Rolf has been prolific in training technicians throughout his career. One of his passions outside of pharmacy is classic cars.

Board Member Helen Park has been elected to the position of Board president.

Board Member Wayne Mitchell has been elected to the position of treasurer for the Board.

Congratulations Helen, Richard, Krystal, and Rolf!

## Transferring a Prescription

*By Jordan Hinckley, 2020 PharmD Candidate, Idaho State University College of Pharmacy*

Recently, a regulation was adopted that revised the current law regarding transferring a prescription. The previous law required that a prescription is filled at least once before any remaining refills could be transferred to another pharmacy. On February 7, 2020, the following

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# National Pharmacy Compliance News

***April 2020***

NABPF
National Association of Boards of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.


## *President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues*

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the "third wave" of the opioid crisis, as detailed in the October 2019 issue of *Innovations*® (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy®'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

## *Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018*

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the "primary driver" of the current opioid crisis, according to the report.

"Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States," a DEA press release states. "As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States."

## *Drug-Resistant Infections Are Increasing*

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. "More action is needed to fully protect people," the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the CDC website.

## *NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain*

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain:*

*Developing the Evidence,* also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

"We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research in a statement. "However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA's efforts to address the opioid crisis must focus on encouraging 'right size' prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids."

FDA will next consider the recommendations included in the report as part of the agency's efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the NASEM website.

## New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients' medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients' perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

"Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety," said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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changes became effective in Nevada Administrative Code (NAC) 639.713, NAC 639.714, and NAC 639.7145:

**NAC 639.713 Transfer of information between pharmacies: Conditions; Prohibitions**

The transfer of information between pharmacies relating to a prescription for a dangerous drug or controlled substance (CS) for the purpose of filling and dispensing that prescription is subject to the following conditions:

1. Prescriptions, including the total number of refills authorized and any remaining number of refills, may be transferred to another pharmacy orally, by a facsimile, or by computer.
2. Transfer must be communicated between two registered pharmacists.
3. The original and the transferred prescriptions must be maintained for two years after the date on which the prescription was filled.
4. A prescription that has been previously filled may be transferred by a computer if:
   a. It reduces the number of refills authorized on the original prescription; and
   b. The computer that receives the information allows the transfer of the prescription for a CS only once.

If a prescription for a CS that has been previously filled is transferred by a computer, the pharmacist who receives the prescription must inform the patient that it can no longer be transferred.

A prescription for a CS listed in Schedule II that has previously been filled must **not** be transferred.

**NAC 639.714: Transfer of information between pharmacies: Procedure for oral transfers.**

1. The pharmacist who transfers the prescription to another pharmacy must:
   a. Write "void" on the face of the prescription; and
   b. Record the following on the back of the prescription:
      i. Name of the pharmacist who transferred the information;
      ii. Date of the transfer;
      iii. Name and address of the pharmacy where the prescription was transferred;
      iv. Name of the pharmacist who received the transfer; and
      **v. If the prescription is a CS, record the receiving pharmacy's Drug Enforcement Administration (DEA) number.**
2. The pharmacist who receives the information relating to the transferred prescription shall:
   a. If the prescription was transferred orally, reduce information to a written prescription; and
   b. Write the word "transfer" on the face of the transferred prescription;
   c. If the prescription is for a CS and has previously been filled, inform the patient that the prescription can only be transferred once; and
   d. Record the following on the transferred prescription:
      i. Name and address of the pharmacy that the prescription was transferred from;
      ii. Name of the pharmacist who transferred the prescription;
      iii. The date on which the original prescription was issued;
      iv. If the prescription was previously filled, the prescription number of the original prescription;
      v. Original authorized refills and how many are remaining;
      vi. The date on which the prescription was most recently filled; and
      vii. If the prescription is a CS, record the transferring pharmacy's DEA number.
3. A pharmacy shall take all necessary measures to ensure that a prescription that has been transferred to another pharmacy cannot be filled again by the transferring pharmacy, which includes invalidating the prescription in its computer system, if applicable.
4. Upon transferring a prescription to another pharmacy, a pharmacy that maintains its records of prescriptions on a computer system, which has the capability to maintain the information required in section 1(b):
   a. Shall maintain that information on its computer; and
   b. Is not required to record that information on the original transferred prescription.

**NAC 639.7145: Transfer of information between pharmacies: Requirements for transfer by facsimile machine.**

1. A pharmacy may transfer a prescription by fax to another pharmacy if:
   a. The transferring pharmacy:
      i. Provides all required prescription information per Nevada Revised Statutes 639.2353, which may be a printout of the pharmacy's computerized record of the prescription; and
      ii. Includes a copy of the original prescription, with the signature and handwritten license number of the transferring pharmacist **or**

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the transferring pharmacist's signature and license number and notation of the intention to transfer the prescription.

b. The transmission is prepared and transmitted by a pharmacy technician or pharmacist.

2. A pharmacy may transfer prescriptions by fax without complying with the above requirements by applying and getting authorization from the Board. Authorization may be granted if:
   a. The pharmacy's computer system accurately represents the identity of the pharmacist transferring the prescription and the identity cannot be falsified, modified, added, or provided without the pharmacist's knowledge and consent.
3. A pharmacy that maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by fax to another pharmacy.



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