April 2018

Arizona State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Board Members

Board Mission

The Arizona State Board of Pharmacy protects the health, safety, and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale, and storage of prescription medications and devices and nonprescription medications.

The Board accomplishes its mission by issuing licenses to pharmacists, pharmacy interns, and pharmacy technicians; issuing permits to pharmacies, manufacturers, wholesalers, and distributors; conducting compliance inspections of permitted facilities; investigating complaints and adjudicating violations of applicable state and federal laws and rules; and promulgating and reviewing state rules and regulations.

The Board Is Now on Facebook

Follow the Board for the latest news and updates at *https://www.facebook.com/Arizona-State-Board-of-Pharmacy-396869467321193.*

Congratulations to New Board Member Mohammad Salari!

Mohammad "Mo" Salari has been an Arizona pharmacist since 1989. For the past 18 years, he has worked at the HonorHealth John C. Lincoln Medical Center in Phoenix, AZ. He received his pharmacy degree from the University of Utah, completed a residency at the Mayo Clinic Hospital, Methodist Campus in Rochester, MN, and earned a master's in business administration from Arizona State University.

Mo is well known in the medical community among hospital pharmacists, physicians, and nurses. He has been a contributing member to several pharmacy committees and organizations over his many years in practice. He possesses great energy and is tireless in his advocacy for the patient.

Pharmacies and the Arizona CSPMP

Have an Active DEA Number? Report Daily to the PMP

If your pharmacy has an active Drug Enforcement Administration (DEA) number, it is required to submit a daily report, including zero reports, for Schedules II-V controlled substances (CS) to the Arizona Controlled Substances Prescription Monitoring Program (CSPMP) per state law. There are no exceptions or waivers from daily reporting for pharmacies with active DEA numbers.

Register for reporting online with the PMP Clearinghouse at *https://pmpclearinghouse.net.* For questions regarding the Clearinghouse, contact Appriss at 855/929-4767.

If your pharmacy does not have an active DEA number, it is not required to report to the PMP. No waiver is necessary.

Dispensing Pharmacists Required to Check Patient Report in PMP

Effective April 26, 2018, dispensing pharmacists will be required to review the PMP record of a patient receiving a Schedule II CS for the preceding 12 months at the beginning of each new course of treatment. Pharmacists may register for the PMP online at *https://arizona.pmpaware.net.*

Training on use of the PMP website is available by viewing the user manual. To schedule a training, contact Cindi Hunter at chunter@azpharmacy.gov.

Do not share your PMP account! Pharmacists in Arizona may have delegates, like pharmacy technicians, run reports for the pharmacist. Delegates must register for their own account at *https://arizona.pmpaware.net.* Delegates may have more than one supervising pharmacist, and pharmacists may have more than one delegate. It is important that when delegates run reports, they select the correct supervisor in the drop-down menu.

Pharmacists who are licensed in states outside of Arizona may register for the PMP. Registration is available at *https://arizona.pmpaware.net.* When selecting your health care professional role, be sure to choose "Out of State Pharmacist" if you are not an Arizona licensee.

New Container Requirements for Schedule II Opioids

Dispensers of outpatient Schedule II opioids will need to use red caps on the medication containers and include a warning label. Beginning April 26, 2018, all outpatient dispensers of Schedule II opioids will:

1. Have an action plan and policies and procedures written out regarding implementation of the red caps and new labeling requirements on outpatient opioid dispenses.
2. If red caps are not readily available due to production delays, the Board will recognize the use of **red stickers** to be placed on top of existing caps. The red sticker will cover most, if not all, of the cap.
3. Implement red caps immediately upon availability.

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National Pharmacy Compliance News

April 2018

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.

FDA Requires Labeling Update on Opioid-Containing Cough and Cold Medicines

In January 2018, Food and Drug Administration (FDA) announced that the agency is requiring safety labeling changes to limit the use of prescription opioid cough and cold medicines containing codeine or hydrocodone in children younger than 18 years old because the serious risks of these medicines outweigh their potential benefits in this population. After safety labeling changes are made, these products will no longer be indicated for use to treat cough in any pediatric population and will be labeled for use only in adults aged 18 years and older. In addition, labeling for the medications will be updated with additional safety information for adult use. This update will include an expanded Boxed Warning notifying consumers about the risks of misuse, abuse, addiction, overdose and death, and slowed or difficult breathing that can result from exposure to codeine or hydrocodone. Additional information is available in FDA's news release at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm592109.htm.*

Latest NDTA Shows Opioids Pose Significant Impact to Public Health

Drug Enforcement Administration (DEA) indicates a significant shift in the overall drug threat reported by law enforcement over the last 10 years with opioids (including controlled prescription drugs, fentanyl and other synthetic opioids, and heroin) reaching epidemic levels and impacting significant portions of the United States. According to the *2017 National Drug Threat Assessment (NDTA)* report, every year since 2001, controlled prescription drugs, specifically opioid analgesics, have been linked to the largest number of overdose deaths of any illicit drug class, outpacing those for cocaine and heroin combined.

From 2007 to 2010, responses to the National Drug Threat Survey indicate cocaine was the greatest national drug threat, followed by a significant decline as the heroin threat increased between 2010 and 2016, eventually becoming the greatest national drug threat in 2015.

Illicit fentanyl and other synthetic opioids, primarily sourced from China and Mexico and shipped directly to the US or trafficked overland via Mexico and Canada, are contributing factors in the current synthetic opioid overdose epidemic. Traffickers in the US usually mix fentanyl into heroin products and sometimes other illicit drugs or press it into counterfeit prescription pills, often without users' awareness, which leads to overdose incidents, notes the *2017 NDTA.* To access the *2017 NDTA,* visit *www.dea.gov/divisions/hq/2017/hq102317.shtml.*

FDA Recognizes Eight European Drug Regulatory Authorities Capable of Conducting Inspections

FDA has determined it will recognize eight European drug regulatory authorities as capable of conducting inspections of manufacturing facilities that meet FDA requirements. The eight regulatory authorities found to be capable are those located in Austria, Croatia, France, Italy, Malta, Spain, Sweden, and the United Kingdom. This achievement marks an important milestone to successful implementation and operationalization of the amended Pharmaceutical Annex to the 1998 US-European Union (EU) Mutual Recognition Agreement, which enables US and EU regulators to utilize each other's good manufacturing practice inspections of pharmaceutical manufacturing facilities. "By partnering with these countries, we can create greater efficiencies and better fulfill our public health goals, relying on the expertise of our colleagues and refocusing our resources on inspections in higher risk countries," said FDA Commissioner Scott Gottlieb, MD, in a news release located at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm583057.htm.*

Incorrect Use of Insulin Pens at Home Can Cause Severe Hyperglycemia

The National Coordinating Council for Medication Error Reporting and Prevention has issued an alert on the incorrect use of insulin pens at home causing severe hyperglycemia in patients, including one reported fatality. The Institute for Safe Medication Practices National Medication Errors Reporting Program has received several reports of patients who failed to remove the inner cover of standard insulin pen needles prior to administering insulin. In the latest such event, a patient with type 1 diabetes did not know to remove the standard needle cover and was unaware she was using the pen incorrectly and had not been receiving any of the insulin doses; the patient developed diabetic ketoacidosis as a result and died.

Since insulin pens may differ between pens with automatic needle retraction devices and those with standard needle covers that require manual removal before administering insulin, it is imperative that removal of

needle covers be explained to patients who are issued standard insulin pens during their diabetes education. Pharmacists should verify that a patient understands the appropriate administration technique whenever pens and insulin needles are dispensed, notes the alert, which can be viewed at *www.nccmerp.org/sites/default/files/nan-20171012.pdf.*

FDA Advises on Opioid Addiction Medications and Benzodiazepines

Opioid addiction medications – buprenorphine and methadone – should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS), advises FDA. The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction usually outweighs these risks. Careful medication management by health care providers can reduce these risks, notes a safety alert. FDA is requiring this information to be added to the buprenorphine and methadone drug labels along with detailed recommendations for minimizing the use of medication-assisted treatment drugs and benzodiazepines together.

Health care providers should take several actions and precautions and should develop a treatment plan when buprenorphine or methadone is used in combination with benzodiazepines or other CNS depressants. Additional information may be found at *www.fda.gov/Drugs/DrugSafety/ucm575307.htm.*

Only About 3% of Pharmacies and Other Entities Voluntarily Maintain a Prescription Drug Disposal Bin, GAO Reports

In response to the US Senate Judiciary Committee's request to review DEA's requirements for authorized collectors of prescription drugs and participation rates, the US Government Accountability Office (GAO) found that only about 3% of pharmacies and other entities eligible to collect unused prescription drugs for disposal have volunteered to do so. As of April 2017, 2,233 of the 89,550 eligible entities had registered with DEA to use disposal bins to collect unused prescription drugs. The majority of the authorized collectors were pharmacies, followed by hospitals or clinics. Factors that affected voluntary participation in maintaining disposal bins for the public included cost, uncertainty of proper implementation, and participation in other drug disposal efforts.

GAO found that participation rates varied by state. Connecticut, Missouri, and Maine had the lowest participation rates as of April 2017. North Dakota had the highest participation rate, followed by Alaska. The report, *Preventing Drug Abuse: Low Participation by Pharmacies and Other Entities as Voluntary Collectors of Unused Prescription Drugs,* is located on the GAO website at *www.gao.gov/products/GAO-18-25.*

One in Five Drivers Uses a Prescription Drug That Can Impair Driving Despite Receiving Warnings

A new study that analyzes data from the National Roadside Survey of Alcohol and Drug Use, 2013-2014, found that one in five drivers has taken prescription drugs that could impair driving despite having been warned about the risks. The authors of the study, "Receipt of Warnings Regarding Potentially Impairing Prescription Medications and Associated Risk Perceptions in a National Sample of U.S. Drivers," indicate that of the 7,405 random drivers who completed the prescription drug portion of the survey, almost 20% reported recent use (within the past two days) of a potentially impairing prescription drug.

Compared to people who were prescribed antidepressants (62.6%) and stimulants (57.7%), those who were prescribed sedatives (85.8%) and narcotics (85.1%) were most likely to report receiving warnings about the potential of these drugs to affect driving from their health care provider, pharmacy staff, or medication label.

Several European countries have introduced color-coded categories (ie, no, minor, moderate, and major influence on driving) to drug labeling to increase patient safety. Beyond labeling, the authors of the study note it is important that health care providers consistently communicate with patients about their medications' driving-related risks. The study was published online in the *Journal of Studies on Alcohol and Drugs* on October 31, 2017, and can be found at *https://doi.org/10.15288/jsad.2017.78.805.*

PTCB CPhT Program Earns Accreditation From the American National Standards Institute

The Pharmacy Technician Certification Board's (PTCB's) Certified Pharmacy Technician (CPhT) Program has earned accreditation from the American National Standards Institute (ANSI) Personnel Certification Accreditation Program through December 2022. ANSI is the first personnel certification accreditation body in the US to meet internationally accepted practices for accreditation. "We were the first pharmacy technician certification program to receive accreditation by the National Commission for Certifying Agencies (NCCA) in 2006, and now we are the first and only program to achieve ANSI accreditation," said PTCB Executive Director and Chief Executive Officer William Schimmel in a news release. More details are available in PTCB's December 18, 2017 news release, which can be found in the News Room section of *www.ptcb.org.*

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Pharmacies Must Accept Electronic Prescriptions in 2019

Pharmacy owners need to be ready to accept electronic prescriptions in 2019. Beginning January 1, 2019, the Arizona Opioid Epidemic Act requires an electronic prescription to a pharmacy for a Schedule II drug that is an opioid in Maricopa, Mohave, Pima, Pinal, Yavapai, and Yuma counties. However, for Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Navajo, and Santa Cruz counties, the requirement in the Act does not begin until July 1, 2019.

Patient Consultation (Mandatory)

The last line of defense to ensure the right medication is dispensed to the right patient is to perform that final discussion (consultation). Referencing R4-23-402, oral consultation is required whenever the following occurs:

1. The prescription medication has not been previously dispensed to the patient in the same strength or dosage form or with the same directions;
2. The pharmacist, through the exercise of professional judgment, determines that oral consultation is warranted; or
3. The patient or patient's caregiver requests oral consultation.

This task is not the responsibility of the technician. If counseling is refused by the patient on a prescription that requires counseling, the patient shall convey that to the pharmacist directly.

Some key points that may be discussed include:

1. The medication's trade name, generic name, common synonym, or other descriptive name(s) and, when appropriate, its therapeutic class and efficacy.
2. The medication's use and expected benefits and action. This may include whether the medication is intended to cure a disease, eliminate or reduce symptoms, arrest or slow the disease process, or prevent the disease or a symptom.
3. The medication's expected onset of action and what to do if the action does not occur.
4. The medication's route, dosage form, dosage, and administration schedule (including duration of therapy).
5. Directions for preparing and using or administering the medication. This may include adaptation to fit patients' lifestyles or work environments.
6. Action to be taken in case of a missed dose.
7. Precautions to be observed during the medication's use or administration and the medication's potential risks in relation to benefits. For injectable medications and administration devices, concern about latex allergy may be discussed.
8. Potential common and severe adverse effects that may occur, actions to prevent or minimize their occurrence, and actions to take if they occur, including notifying the prescriber, pharmacist, or other health care provider.
9. Techniques for self-monitoring of the pharmacotherapy.
10. Potential drug-drug (including nonprescription), drug-food, and drug-disease interactions or contraindications.
11. Prescription refill authorizations and the process for obtaining refills.
12. Proper storage of the medication.
13. Proper disposal of contaminated or discontinued medications and used administration devices.

License and Permit Profiles

License and permit profiles are **now** active. Please visit the Board's website or the following link to create a profile: *https://azbop.igovsolution.com/online/user_login.aspx.* Having an updated profile will allow the Board to improve communication on changes, renewal reminders, etc. As you know, a requirement by all license and permit holders is to have their information up to date. Place of employment is the number one item that is missing or inaccurate. While you are online updating your profile, please check to see if your contact information is accurate (address, phone number, and email address).

Prescriptions by Physician Assistants

Arizona Revised Statute (A.R.S.) §32-2532 states that all prescriptions written by a physician assistant shall contain the name, address, and telephone number of the supervising physician.

Disciplinary Actions and Updates

Pharmacists

Laura Adams, PharmD (S017226) – Consent agreement with civil penalty of $15,000, nine hours of continuing education (CE) in pharmacy law and ethics, order for suspension for six months of license, and order for probation for three years.

Peter Chang, RPh (S017715) – Consent order for probation that is inline with California order.

Derek Dindal, PharmD (S019196) – Consent agreement to include probation for five years, Pharmacists Assisting Pharmacists of Arizona (PAPA) contract, and a substance use/abuse evaluation. Respondent shall furnish all pharmacy employers with a copy of the consent agreement.

Mark C. Longo, PharmD (S012588) – Consent order for voluntary surrender of license.

Christopher Morelli (S016714) – Consent agreement to include PAPA contract, probation for five years, civil penalty in the amount of $6,200, and six hours of CE. Respondent shall furnish all pharmacy employers with a copy of the consent agreement.

Thomas Muthart (S019330) – Consent agreement and order for suspension for six months and probation for four years and six months.

Marylee O'Connor (S011613) – Sum of $4,000 civil penalty to be paid to Board within 90 days.

Pharmacy Technicians

Robert Kemple (T014981) – Consent order for voluntary surrender of license.

Carolina Ocejo (T055029) – Pharmacy technician trainee application denied.

Lisa Marie Oslin (T003764) – Interim consent agreement for voluntary suspension of license and substance use evaluation.

Veronica SantaMaria (T057156) – Pharmacy technician trainee application denied.

Isaias Viera (T036220) – Pharmacy technician license surrendered.

Facilities

Core-Mark (W002493) – Consent agreement for civil penalty of $1,000.

Perez Distributing Company, Non-Permit Holder – Consent agreement for civil penalty of $2,000.

Disciplinary Actions and Updates – Other Health Boards

Arizona Medical Board

Ehab F. Abdalah, MD #36239 – Interim practice restriction. Respondent is prohibited from prescribing CS in the state of Arizona until respondent has retained a practice monitor as set forth herein. Respondent shall submit the name of a practice monitor who is an Arizona physician licensed and in good standing with the Board.

Donovan Anderson, MD #13491 – Decree of censure with 10-year probation and practice restriction, effective January 11, 2018. Respondent's

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practice is restricted in that he shall not prescribe CS except as stated herein for the duration of this probation. Respondent may prescribe CS only in an inpatient hospital or hospice setting, including prescribing discharge CS medications to a patient for up to five days. Respondent shall provide a copy of this order to the practice monitor in Case No. MD-15-0691A and cause the practice monitor to provide the Board with written notification that the practice monitor has received this order. On a monthly basis, respondent shall provide the practice monitor with a copy of his CSPMP report for the practice monitor's review.

Philip J. Berent, MD #45421 – Surrender, effective February 14, 2018.

Gary L. Bohay, MD #20864 – Interim practice limitation (non-disciplinary). Physician is prohibited from engaging in the practice of medicine in the state of Arizona as set forth in A.R.S. §32-1401(22) until he applies to the Board and receives its affirmative permission to do so.

Paul Bolger, MD #50030 – Decree of censure with probation and practice restriction and civil penalty, effective February 14, 2018. Respondent's practice is restricted in that he shall not practice telemedicine in the state of Arizona for the duration of this probation.

Franc Brodar, MD #24079 – Request for inactive with cause and order inactivating license with cause. Shall not practice medicine in the state of Arizona pursuant to A.R.S. §32-1452(F).

Jeff Crawford, MD #18695 – Effective January 4, 2018. Respondent's license to practice allopathic medicine in Arizona is summarily suspended in that respondent is prohibited from practicing medicine in the state of Arizona and is prohibited from prescribing any form of treatment, including prescription medications or injections of any kind.

Peter J. Delenick, MD #43968 – Surrender, effective February 1, 2018.

Carmelo A. Echeverria, MD #34090 – Interim practice limitation (non-disciplinary). Physician is prohibited from engaging in the practice of medicine in the state of Arizona as set forth in A.R.S. §32-1401(22) until he applies to the Board and receives its affirmative permission to do so.

Panayiotis A. Ellinas, MD #23114 – Letter of reprimand with probation, effective February 14, 2018. Practice restriction. Respondent's Arizona medical license is restricted in that he shall not prescribe CS in the state of Arizona until such time as he has retained the services of a Board-approved monitoring company to perform periodic chart reviews at respondent's expense.

Gregory L. Ellison, MD #12426 – Surrender, effective December 7, 2017.

Stephen Graham, MD #19987 – Order granting rehearing and review for a letter of reprimand with probation and practice restriction, effective February 16, 2018. Respondent's practice is restricted in that he shall practice only in such settings as deemed appropriate by his current employer based on his health condition.

Ann K. Larsen, MD #22314 – Practice limitation. Physician's practice is limited in that she shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment, including prescription medications, until physician applies to the Board and receives permission to do so.

Brian E. McCarthy, MD #40004 – Effective December 7, 2017, practice limitation (non-disciplinary). Physician's practice is limited in that he shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment, including prescription medications, until physician applies to the Board and receives permission to do so. The Board may require, at the physician's expense, any combination of staff-approved assessments, evaluations, treatments, examinations, or interviews it finds necessary to assist in determining whether physician is able to safely resume such practice.

Ellen T. Olson, MD #40418 – Interim practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until she applies to the executive director and receives permission to do so. Respondent shall undergo an assessment with the Board's Physician Health Program (PHP) contractor and comply with any and all recommendations that arise as a result of the assessment.

Ronald E. Parfitt, MD #20680 – Letter of reprimand with probation and practice restriction. Respondent's practice is restricted in that he is prohibited from prescribing CS until he has completed the continuing medical education as stated in paragraph 2(b) of the order, enters into an agreement with a Board-approved monitor to conduct chart reviews as stated in paragraph 2(c) of the order, and provides Board staff satisfactory proof of compliance with these requirements.

Alpen Bhaktikumar Patel, MD #47525 – Interim practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona as set forth in A.R.S. §32-1401(22) until he applies to the executive director and receives permission to do so. Respondent shall continue to be enrolled in and comply with the requirements of the PHP and shall complete a Board-approved long-term inpatient rehabilitation program.

Jose M. Piscoya, MD #25569 – Decree of censure with probation and practice restriction. Respondent's practice is restricted in that he shall not engage in the practice of medicine as set forth in A.R.S. §32-1401(22) until he has completed a neuropsychological evaluation with a Board-approved evaluator. Once respondent has been found safe to practice by the evaluator or a subsequent treating provider as applicable, respondent may request that Board staff authorize him to return to the practice of medicine in accordance with the patient restrictions and chaperone and return to work requirements.

Elena V. Plummer, MD #28734 – Request for inactive with cause and order inactivating license with cause. Respondent shall not practice medicine in the state of Arizona or any other state, territory, or district of the United States or a foreign country while license is inactive.

Scott C. Price, MD #34174 – Practice limitation (non-disciplinary). Physician's practice is limited in that he shall not practice medicine in the state of Arizona and is prohibited from prescribing any form of treatment, including prescription medications, until physician applies to the Board and receives permission to do so.

David M. Rosenblum, MD #50321 – Interim practice limitation and assessment. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona set forth in A.R.S. §32-1401(22) until he applies to the executive director and receives permission to do so. Respondent shall undergo a health assessment or evaluation approved by Board staff. The assessment report must specifically address respondent's ability to safely and competently practice medicine. If substance abuse monitoring is recommended, respondent shall enroll in the Board's PHP within five days of the recommendation to do so.

Phillip L. Saunders, MD #27714 – Surrender of license, effective December 7, 2017.

Susan Scarla, MD #13951 – Revocation of license, effective January 11, 2018.

Luis S. Tan, MD #3848 – Surrender, effective February 14, 2018.

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