



Arizona State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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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.

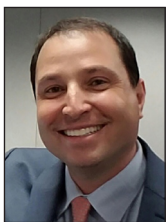
The Board accomplishes its mission by:

- ◆ 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 Joseph Leyba!



Joseph “Joe” Leyba, PharmD, RPh, is the director of pharmacy in the southwest division for Albertsons Companies. He attended pharmacy school at the University of Colorado, graduating in 1999. Joe was born in Denver, CO, and moved to Arizona shortly after graduation. He enjoys mentoring pharmacists and pharmacy technicians, and encourages pharmacists to practice at the top of their license and realize

the impact they have on patient care. In his spare time, Joe enjoys spending time with his family and watching his three children play organized sports.

Thank You for Your Service

It is with great sadness that the Board says farewell to **Darren Kennedy, RPh**. Darren served on the Board for a five-year term and played a key role in the development of the profession. His integrity, determination, knowledge, and finesse will be missed. The Board wishes Darren well and thanks him for his service and dedication.

Veterinary Medicine

By Michael Blaire, RPh, Board President

According to the 2017-2018 National Pet Owners Survey conducted by the American Pet Products Association, 68% of households in the United States, or about 85 million families, own a pet. Companion animals have become important members of the American family and, not surprisingly, people are willing to spend money on products and services to maintain the health and well-being of their pets. As such, demand is increasing for pharmacists to be informed about disease states and drug therapies suitable for a number of different animal species.

Veterinary medicine has become increasingly more sophisticated, and pet owners have become more actively involved in their pets’ care. Likewise, the number of complaints filed against pharmacists by veterinarians and pet owners has increased. It is imperative that pharmacists be well-informed about the suitability of dosages, dosage forms, excipients, and look-alike/sound-alike veterinary and human brand name products when filling a veterinary prescription. It is even more critical when recommending an over-the-counter product.

One excellent resource for pharmacists looking to increase their knowledge of veterinary medications is the *Veterinary Drug Handbook* by Donald Plumb. Available in print or by online subscription, Plumb’s is the first place veterinarians and veterinary pharmacists look for answers. Another handy reference is *Blackwell’s Five-Minute Veterinary Consult*, also available in print or online. The *Five-Minute Veterinary Consult* covers essential information on clinical signs, diagnosis, treatment, and follow-up for 838 specific disorders of dogs and cats. (The author of this article has no interest, financial or otherwise, in either of these publications.)

Pets are an expanding patient population that present a wonderful opportunity for pharmacists to provide care for the entire family.

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National Pharmacy Compliance News

July 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.

DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at www.dea.gov/divisions/hq/2018/hq021418.shtml.

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- ◆ Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- ◆ Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- ◆ Medications and components (17%);
- ◆ Facilities and equipment (22%);
- ◆ Sterile compounding procedures (53%); and
- ◆ Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB’s website at www.ptcb.org.

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA’s amendments are available in a Federal Register notice titled “Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder” (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at www.train.org/cdctrain/course/1075730/compilation. Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC’s website at www.cdc.gov/antibiotic-use/index.html. CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

Walmart to Provide Free Solution to Dispose of Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that permanently dissolves when mixed with water and sequesters excess opioids and other

drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide. “This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers’ medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug,” said Pharmacy Clinical Services Manager for WalMart Health and Wellness and NABP Past President Jeanne D. Waggener, RPh, DPh. “We’re not just making it easy for patients to safely dispose of their medications, but we’re also helping prevent abuse before it starts.” Additional information is provided in a January 17, 2018 news release titled “Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse.”

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- ◆ Therapeutic innovation;
- ◆ Data, analytics, and technology;
- ◆ Business of pharmacy;
- ◆ Pharmacy and health-system leadership;
- ◆ Advanced pharmacy technician roles;
- ◆ Population health management;
- ◆ Public health imperatives; and
- ◆ Coping with uncertainty and chaos.

The 2018 report is available at www.ajhp.org/content/75/2/23.

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands displaying the USP Verified Mark signal to the public that “what’s on their label is what’s in the bottle.” Health care

practitioners can learn more about USP’s efforts at www.usp.org/dietary-supplements-herbal-medicines.

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP’s verification program for dietary supplements can be found at www.usp.org/verification-services/program-participants.

New CPE Monitor Subscription Plan Helps Pharmacists Track Compliance Via Mobile App

To help pharmacists easily monitor their CPE compliance, NABP partnered with the Accreditation Council for Pharmacy Education (ACPE) to develop CPE Monitor Plus, a subscription service for CPE Monitor®. Launched in April 2018, the new subscription service enables pharmacists to perform a variety of advanced functions beyond the basic CPE Monitor service, including:

- ◆ viewing CPE credit status by state to verify at a glance how much CPE credit must be earned to satisfy license renewal requirements;
- ◆ uploading certificates from non-ACPE CPE courses and applying them to relevant state licenses;
- ◆ receiving email alerts when CPE cycle deadlines are approaching;
- ◆ viewing all transcripts and individual courses and generating simplified, automated reports;
- ◆ searching for additional ACPE activities via ACPE P.L.A.N. (Pharmacists’ Learning Assistance Network); and
- ◆ accessing ACPE CPD (Continuous Professional Development) via single sign on.

CPE Monitor Plus is available for an annual, renewable subscription fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. CPE Monitor Plus is only available via NABP’s new mobile app. Search for NABP e-Profile in Google Play Store (Android) or the App Store (iPhone).

The standard CPE Monitor service is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit www.nabp.pharmacy/CPE.



CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their CPE credit electronically

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However, with differences in drug metabolism, anatomy, and sensitivities, these patients present significant challenges as well. Ultimately, it is the pharmacist's responsibility to ensure that a veterinary prescription is filled accurately and appropriately.

Legislative Update

Senate Bill (SB) 1001: Controlled substance; regulation; appropriation.

1. Prohibits podiatrists, dentists, allopathic physicians, physician assistants (PAs), osteopathic physicians, optometrists, and homeopathic physicians from dispensing Schedule II controlled substances (CS) that are opioids and establishes violations as an act of unprofessional conduct.
2. Stipulates that PAs, allopathic physicians, homeopathic physicians, and osteopathic physicians may dispense Schedule II CS for medication-assisted treatment (MAT) for substance use disorders.
3. Limits an initial prescription for a Schedule II CS that is an opioid to a five-day supply and permits a 14-day supply for initial prescriptions following a surgical procedure.
4. Establishes that initial prescription supply limitations do not apply if the patient:
 - a. has an active oncology diagnosis;
 - b. has a traumatic injury, excluding a surgical procedure;
 - c. is receiving hospice care, end-of-life care, palliative care, treatment for burns, or skilled nursing care;
 - d. is receiving MAT for a substance use disorder; or
 - e. is an infant being weaned off opioids at the time of hospital discharge.
5. Prohibits a health professional who is authorized to prescribe CS from issuing a new prescription order for a Schedule II CS that is an opioid and that exceeds 90 morphine milligram equivalents (MMEs) unless the prescription is:
 - a. a continuation of a prior prescription order issued within the previous 60 days;
 - b. an opioid with a maximum approved total daily dose in the labeling as approved by Food and Drug Administration;
 - c. for a patient who has an active oncology diagnosis or a traumatic injury, not including a surgical procedure;
 - d. for a patient who is hospitalized;
 - e. for a patient who is receiving hospice care, end-of-life care, palliative care, skilled nursing facility care, or treatment for burns; or
 - f. for a patient who is receiving MAT for a substance use disorder.
6. Requires that a health professional additionally prescribe naloxone or another opioid antagonist to a patient who is prescribed more than 90 MMEs per day.
7. Requires that a nonemergency prescription order for a Schedule II opioid dispensed directly by a pharmacist must have a red cap and warning label.
8. 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 beginning on January 1, 2019.
9. Requires an electronic prescription to a pharmacy for a Schedule II drug that is an opioid in Apache, Cochise,

Coconino, Gila, Graham, Greenlee, La Paz, Navajo, and Santa Cruz counties beginning on July 1, 2019.

SB 2149: Remote dispensing pharmacies. Allows for a certified licensed technician to operate a pharmacy that is supervised by a pharmacist remotely.

House Bill (HB) 2633: Pharmacist; controlled substances. Pharmacist is not required to verify with the prescriber whether the initial prescription meets exemption requirements. Also, if a prescription exceeds five days or a new prescription exceeds 90 MMEs per day, it is presumed to meet the exemption requirements by the pharmacist.

HB 2107: Pharmacies; practices; pharmacy benefits managers. Prohibits pharmacy benefits managers (PBMs) from prohibiting a pharmacy or pharmacist from providing information to an insured individual regarding the amount of the patient's cost share for a prescription drug and discussing alternative treatment. Also, precludes a PBM from penalizing a pharmacy or pharmacist for disclosing or selling an affordable alternative drug.

HB 2548: Health professionals; continuing education; opioids. A prescriber or dispenser of a Schedule II CS shall complete a minimum of three hours of opioid-related, substance use disorder-related or addiction-related continuing medical education each license renewal cycle.

HB 2040: Pharmacy board; definitions; reporting. Defines satellite pharmacy; defines revocation to a minimum of two years if not stated by the Board. Also, introduces automated dispensing kiosks as an extension of a pharmacy. Lastly, this bill made some technical changes.

HB 2041: Pharmacy board; licenses; permits. Aligns the language with the Board's database on renewal process to be compliant. Also, invalidates a permit if a business is not operational in nine months with the opportunity to ask the Board for a one-time extension.

HB 2549: Controlled substance; dosage limit.

1. Exempts opioid prescriptions that are issued following surgical procedures and that are limited to a 14-day supply from the 90 MME limitation, and specifies that the 90 MME limit applies to prescriptions that are filled or dispensed outside of a health care institution.
2. Permits a health professional to issue a prescription that exceeds the 90 MME limitation if the consulting physician who is Board-certified in pain agrees with the higher dose.
3. Specifies that the 90 MME limitation applies to prescriptions, rather than prescription orders.
4. Prohibits naturopathic physicians from dispensing opioids and establishes dispensing opioids as an act of unprofessional conduct.
5. Permits the Arizona Poison Control System to provide opioid assistance and referral resources through a toll-free telephone service.

Disciplinary Actions and Updates Pharmacists

Mohamed Abou-Zahra (S012756) – Consent agreement and order for surrender of license.

Paul Dahlk (S007308) – Consent order for voluntary surrender of license.

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Kevin Ferrill (S015049) – Consent agreement for civil penalty of \$1,000 and four hours of continuing education (CE) in veterinary therapeutics and two hours of CE in medication errors within 60 days.

Larry Hamel, Jr (S010072) – Consent agreement to include a civil penalty of \$1,000 and six hours of CE in patient safety within 90 days.

Dawn LaLiberte (S011176) – Consent agreement to include Pharmacists Assisting Pharmacists of Arizona (PAPA) contract and six months of suspensions beginning March 6, 2018. Probation in effect after the six months and the Board has approved the suspension be lifted. Respondent shall furnish all pharmacy employers with a copy of the consent agreement.

D.J. Larson (S021334) – Consent agreement for civil penalty of \$1,000 and to retake the Multistate Pharmacy Jurisprudence Examination® (MPJE®) within 90 days.

Manuel Maksumov (S022055) – Consent agreement to include a civil penalty of \$1,000 to be paid within 90 days.

Ishmael Mohammed (S012598) – Consent agreement to include a civil penalty of \$1,000 and to retake the MPJE within 60 days.

Mark Robertson (S014451) – Consent agreement to include a civil penalty of \$3,000 and to retake the MPJE within 90 days.

Harold Shapiro (S010298) – Consent agreement to include a civil penalty of \$1,000 and six hours of CE in patient safety within 60 days.

Emanuel Solomon (S022446) – Consent agreement for civil penalty of \$100 per day for each day worked as a pharmacist without a valid license, not to exceed \$1,000, to be paid within 90 days.

Pharmacy Technicians

Danelle Coats (T012996) – Consent agreement and order for surrender of license.

Curtis Olson (T041247) – Consent agreement and order for surrender of license.

Alicia Estrella Sotelo (T044556) – Order for revocation of license.

Matthew Yousif (T047096) – Denial of reapplication for licensure as a pharmacy technician trainee.

Intern

Diana Perrett (I012714) – Consent agreement to include PAPA contract and two years of probation or until graduation from pharmacy school (whichever is later). Respondent shall furnish all pharmacy employers with a copy of the consent agreement.

Permit

Anthony Osurji, prior owner of Best Care Pharmacy (Y006752) – Consent agreement to include civil penalty of \$2,000 to be paid within 90 days.

Disciplinary Actions and Updates – Other Health Boards

Arizona Medical Board

Rebecca A. Allison, MD #22942 – Respondent is prohibited from engaging in the practice of medicine in the state of Arizona as set forth in Arizona Revised Statute (A.R.S.) §32-1401(22) until she applies to the executive director and receives affirmative permission to do so.

Jeff Crawford, MD #18695 – Revocation, effective May 22, 2018.

Karnail S. Dhillon, MD #27921 – Interim practice restriction. Respondent is prohibited from prescribing CS in the state of Arizona pending the outcome of a formal interview or formal hearing in the matter.

Susan B. Greger, MD #47822 – 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 she applies to the Board and receives affirmative permission to do so.

Thomas R. Hansen, MD #18493 – Surrender, effective April 16, 2018.

Victor R. Henderson, MD #26987 – Effective April 16, 2018, 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.

Herbert R. Jalowsky, MD #13266 – Effective April 18, 2018, 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.

Xavier Martinez, MD #18944 – Request for license inactivation with cause and order inactivating license with cause, effective May 9, 2018.

Marcia A. Mastrin, MD #31029 – Interim practice restriction. Respondent is prohibited from prescribing CS in the state of Arizona pending the outcome of a formal interview or formal hearing in this matter.

Gregory James Porter, MD #14879 – Revocation, effective May 22, 2018.

William F. Rees, MD #53589 – Request for license inactivation with cause and order inactivating license with cause, effective May 15, 2018.

Harinder K. Takyar, MD #34308 – Surrender, effective March 9, 2018.

Floyd Edward Trinidad, MD #33162 – 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 respondent applies to the executive director and receives permission to do so.

Gary B. Zoellner, MD #30437 – Effective April 16, 2018, 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.

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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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