



Arizona State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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COVID-2019

To better help you answer questions from your patients, get the latest information on Arizona’s response to coronavirus disease (COVID-19) by visiting the link below.

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-home>.

The Board Is on Facebook

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

Update Your Profile

In an effort to communicate more effectively with its licensees and permittees, the Board noticed that some contact information in its system is not current and up to date. Please use your online profile to update your contact information. You are required to update your personal contact information and pharmacy employer within 10 days after a change pursuant to Arizona Revised Statutes (A.R.S.) §32-1926. Please use your online profile to update your contact information.

New Member Update



Congratulations, Kevin Dang, on Your Reappointment! Kevin graduated from the University of Connecticut’s School of Pharmacy in May 2003 with a doctor of pharmacy degree and has been working as a clinical pharmacist in hospital/acute

care settings ever since. In addition to working as a pharmacist, he is also a part-time adjunct faculty member at Grand Canyon University in Phoenix, AZ.

After 12 years working in the pharmaceutical field, Kevin’s strong desire to contribute his knowledge and experience to the state of Arizona’s health care system ignited his interest in becoming more actively involved in the community’s social activities.



Congratulations, Kristen Snair, on Your Reappointment!

Kristen is a pharmacy technician who has worked in multiple settings over 23 years. Kristen earned a bachelor of science degree in human biology from Grand Canyon University in Phoenix. Kristen currently works in pharmacy legal compliance. She is a member of the Arizona Pharmacy Association and was honored to be named “Pharmacy Technician of the Year 2019.” Kristen enjoys dedicating her time to making the pharmacy profession better through public policy, education, and volunteering.

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New FDA-Approved Vaccines

There have been three new Food and Drug Administration (FDA)-approved vaccines:

1. Flud quadrivalent adjuvanted influenza vaccine for > 65 years old (Seqirus) <https://www.fda.gov/vaccines-blood-biologics/flud-quadrivalent>.
 2. Influenza H5N1 (avian) [for National Stockpile] <https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-h5n1-national-stockpile>.
 3. Ebola vaccine (Merck) https://www.merck.com/product/usa/pi_circulars/e/ervebo/ervebo_pi.pdf.
- ◆ Arizona Department of Health Services (ADHS) does not want to put Flud quadrivalent on the prescription-only list.
 - ◆ The H5N1 influenza vaccine will not be available to the general public.
 - ◆ The Ebola vaccine, ERVEBO®, is a live recombinant viral vaccine consisting of a vesicular stomatitis virus (VSV) backbone deleted for the VSV envelope glycoprotein and substituted with the envelope glycoprotein of the Zaire ebolavirus. Since it is a live-attenuated vaccine, ADHS has

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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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not yet made a decision about whether to place it on the prescription-only list.

Reminder to Report Significant CS Losses

Pharmacists-in-charge (PICs) and permit holders:

As a reminder, per 21 Code of Federal Regulations 1301.76(b); it is the responsibility of the registrant to report any significant loss to the Field Division Office of the Administration in his or her area via Drug Enforcement Administration (DEA) Form 106 within one business day.

The PIC is also required to report loss of a controlled substance (CS), per R4-23-1003(A)(2), within 10 days to the Board office on DEA Form 106, and the narcotic division of the Department of Public Safety (DPS). Contact information for both the Board office and DPS are listed below.

Arizona State Board of Pharmacy Office

Fax: 602/771-2727

Email: Your compliance officer emails may be found on the Board's website at pharmacy.az.gov.

Arizona Department of Public Safety

Email: actic@azdps.gov

Mail: Arizona Department of Public Safety, Duty Office

PO Box 6638, MD 3900

Phoenix, AZ 85009

Continuing Education Requirements (R4-23-204)

The requirement for law continuing education (CE) is being eliminated for pharmacists and technicians. The total amount of CE is still required per rule. The CE requirements are as follows:

Pharmacists:

- ◆ 3 CE hours must be opioid related, substance-use related, or addiction related.
- ◆ 2 CE hours must be on immunization-related education (if you are an immunizer).
- ◆ A total of 30 Accreditation Council for Pharmacy Education (ACPE)-accredited continuing pharmacy education (CPE) credit hours. CPE is required.

Technicians:

- ◆ 3 CE hours must be opioid related, substance-use related, or addiction related.
- ◆ 2 CE hours must be on remote dispensing site pharmacy practices, in addition to the required amount, if applicable.
- ◆ A total of 20 ACPE-accredited CPE is required, plus 2 CE hours on remote dispensing site pharmacy practice, if applicable.

Prescription Order Adaptation (R4-23-407(C))

Prescription order adaptation. Except for a prescription order for a [CS], a pharmacist, using professional judgment, may make the following adaptations to a prescription order if the pharmacist documents the adaptation in the patient's record:

1. Change the prescribed quantity if the prescribed quantity is not a package size commercially available from the manufacturer;
2. Change the prescribed dosage form or directions for use if the change achieves the intent of the prescribing medical practitioner;
3. Complete missing information on the prescription order if there is sufficient evidence to support the change; and
4. Extend the quantity of a maintenance drug for the limited quantity necessary to achieve medication refill synchronization for the patient

Transfers of Non-Controlled Prescriptions via Fax

R4-23-407(E)(4) allows for the transfer of non-CS prescriptions electronically, verbally, or by fax. Transferring of CS cannot be done through a fax.

Details on the rules packet can be found at https://apps.azsos.gov/public_services/register/2020/6/contents.pdf.

Disciplinary Actions and Updates – Health Boards

Disciplinary actions for the Arizona State Board of Pharmacy, Arizona Medical Board, Arizona Naturopathic Physicians Medical Board, Arizona Board of Osteopathic Examiners, and Arizona Regulatory Board of Physician Assistants can be found at https://drive.google.com/open?id=1R2KRNq6in7ZlG8oAltVK1TDa6VYc_pSU.

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