November 2017

# Guam Board of Examiners for Pharmacy News

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## *2017 Pharmacy Technician Stakeholder Consensus Conference*

In February 2017, the Pharmacy Technician Certification Board sponsored a stakeholder consensus conference in collaboration with the Accreditation Council for Pharmacy Education and the American Society of Health-System Pharmacists. Under the guidance of an independent advisory committee made up of all areas of pharmacy, those invited took part in plenary sessions, workgroup activities, and polling of recommendations drafted by workgroups. Some of the objectives of the conference were to explore consensus on the necessity of public confidence to ensure competency of pharmacy technicians, an optimal level of basic knowledge and skills irrespective of pharmacy site, a definition of entry-level pharmacy technician practice, and the need for a formalized process for advanced technician practice.

Put simply, the conference's aim was to find out if a formalized, better-qualified technician workforce was shared among all stakeholders – pharmacists, industry, technicians, and the public. Previous failed attempts at formalizing pharmacy technician training and education are evident by the absence of a national standardized education requirement and the various state-level qualifications and requirements.

Most of the conferees agreed with the need to create a legal definition of pharmacy technicians and to restrict use of this title to only those who are qualified. There was strong support for requiring national certification of pharmacy technicians ahead of state board registration or licensure, and that certification should be maintained for continued licensure. A strong majority agreed that state boards of pharmacy should require new pharmacy technicians to obtain national certification for registration or licensure and that a national standard for pharmacy technician education should be adopted.

Advanced pharmacy technician practice was also discussed, including the potential responsibilities technicians will adopt in response to pharmacists moving toward clinical roles on the health care team. Examples include "tech-check-tech"/technician product verification, accepting oral orders, prescription transfers, remote order processing, point-of-care testing, and administering vaccines. There was not, however, majority support for developing credentials for advanced technician roles beyond entry-level practice.

Ontario, Canada, offers technicians the most advanced roles by allowing their registered technicians to independently check the final product, handle all technical aspects of drug preparation and distribution, and supervise pharmacy assistants. In order to become a registered technician in Ontario, one must complete 940 hours of a nationally accredited education program and pass a national entry-to-practice examination. Most agreed the profession should develop a contemporary definition of entry-level technicians that differentiates them from other support personnel and that national standards should be adopted, but there was only a small majority for a specified timeline unto which this should be implemented.

A strong majority agreed that the top required knowledge, skills, and abilities are maintenance of confidentiality, patient/medication safety, and processing orders.

It is no surprise that most agreed there should be minimal variations of state board requirements for technicians and that national certification should become a minimum standard for licensure. However, there was clear disagreement that certification without an education requirement is sufficient. Certification alone should not be the standalone prerequisite for entry-level pharmacy technicians, but should accompany an education program. According to the 2017 *Survey of Pharmacy Law,* 21 states require certification for pharmacy technician licensure.

As a result of this conference, more states may join the movement to adopt regulations requiring certification for licensure. As pharmacists are moving toward more clinical roles on the health care team, it is a natural progression for their technician counterparts to also advance in responsibility and accountability. However, this shift must take place on a national level while upholding patient safety and public confidence as the profession's main priority.

## .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.* 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.*

## 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. *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. *Email: 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.* Options for disposing of medications safely are available in the Initiatives section of the NABP website at *www.nabp.pharmacy* under AWAR$_X$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,

*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/dhdsp/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.*

## 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,* 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.*

## 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.*

## 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/dhdsp/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.*

## Controlled Substances for Clinic Use

The Guam Board of Examiners for Pharmacy received a request for clarification on whether a pharmacy can supply a clinic with controlled substances (CS). The answer is yes, as long as you adhere to the following:

1) In order for a practitioner or pharmacy to handle CS within Guam, they must each hold active registrations with both Drug Enforcement Administration (DEA) and the Guam Department of Public Health and Social Services.
2) Chapter 21 of the Code of Federal Regulations (21 CFR 1306.04) prohibits issuing a prescription written "for office or clinic use."
3) A pharmacy can provide CS to a clinic (or another registered entity) by means of an invoice (21 CFR 1307.11), and records of distribution must be in accordance with 21 CFR 1304.22.
4) If the distribution involves a Schedule II CS, the distribution must be in accordance with 21 CFR 1305.
5) The total number of dosage units being invoiced must be within the limits set by 21 CFR 1307.11 and 21 CFR 1301.25.

DEA maintains access to the CFR at *https://www.deadiversion.usdoj.gov/21cfr/cfr.*

## New Registered Pharmacists, Technicians, Interns, and Pharmacy

The following individuals and pharmacy have registered with the Board.

| Pharmacists | | |
|---|---|---|
| **License Number** | **Name** | **Effective Date** |
| PH0234 | Mariano, Jeremy | November 17, 2016 |
| PH0235 | Baran, Michele R. | November 17, 2016 |
| PH0236 | Sum, Yikman B. | January 27, 2017 |
| PH0237 | Perez, Bernice W. | February 8, 2017 |
| PH0238 | Nakamura, Andrea J. | December 7, 2016 |
| PH0239 | Resultan, Ma Rowena D. | June 23, 2017 |
| PH0240 | Anderson, Steven F. | July 7, 2017 |
| PH0241 | Bracale, Christopher John | July 7, 2017 |
| PH0242 | Cobb, Bobbie Jean | July 7, 2017 |
| PH0243 | Day, Philip L. | July 7, 2017 |
| PH0244 | Kruse, Richard E. | July 7, 2017 |
| PH0245 | Yates, Rhonda Ann | July 7, 2017 |
| PH0246 | Washington, Lynette W. | July 11, 2017 |
| PH0247 | Backhus, Jennifer Lynn | July 28, 2017 |
| PH0248 | Haynes, Sierra N. | July 28, 2017 |
| PH0249 | James, Theresa N. | July 28, 2017 |
| PH0250 | Marks, Patrick J. | July 28, 2017 |
| PH0251 | Morrison, Dorothy E. | July 28, 2017 |
| PH0252 | Passavanti, Robert G. | July 28, 2017 |
| PH0253 | Poling, Christine M. | July 28, 2017 |
| PH0254 | Wilhelm, Andrew J. | July 28, 2017 |
| PH0255 | Barron, Rebekah K. | July 28, 2017 |
| PH0256 | Cymbalski, Piotr P. | August 4, 2017 |
| PH0257 | O'Connor, Heather L. | August 17, 2017 |
| PH0258 | Girten, Lisa M. | August 17, 2017 |
| PH0259 | Huang, Dannie W.Y. | August 17, 2017 |
| PH0260 | Somera, Maridel L. | September 25, 2017 |
| PH0261 | Rizer, Marion G. | August 17, 2017 |
| PH0262 | Terlaje, Christopher | August 24, 2017 |
| PH0263 | Thibault, Hilary N. | August 24, 2017 |
| PH0264 | Lanctot, Susan | August 24, 2017 |
| PH0265 | Primavera, Michelle L. | August 24, 2017 |
| PH0266 | Teachout, Tera A. | August 24, 2017 |
| PH0267 | Shalek, Kathryn M. | September 7, 2017 |
| PH0268 | Moore-Flowers, Jennifer M. | July 28, 2017 |
| PH0269 | Delong, Lana M. | September 12, 2017 |
| PH0270 | Montgomery, Joseph K. | September 19, 2017 |
| PH0271 | White, Daniel G. | September 20, 2017 |
| PH0272 | Campagna, Ann M. | October 2, 2017 |
| PH0273 | Cardamone, Dawn Marie | October 2, 2017 |
| PH0274 | Bast, Carolyn H. | October 3, 2017 |
| PH0275 | Hom, Daniel | October 3, 2017 |
| **Pharmacy Technicians** | | |
| **License Number** | **Name** | **Effective Date** |
| RCPT0140 | Mendoza, Maricel C. | September 30, 2016 |
| RCPT0141 | Taguiam, Deoredel C. | September 30, 2016 |
| RCPT0142 | Taylor, Ednalyne E. | September 30, 2016 |
| RCPT0143 | Magdalera, Tristan A. | February 16, 2017 |
| RCPT0144 | Mariano, Kimberly T. | March 16, 2017 |
| RCPT0145 | Meno, Bruce C.F. | April 20, 2017 |
| RCPT0146 | Enriquez, Evangeline T. | May 24, 2017 |
| RCPT0147 | Perez, Laurenz J.P. | May 24, 2017 |
| RCPT0148 | Robles, Judy Ann | May 24, 2017 |
| RCPT0149 | Rodriguez Jr, Lutgardo O. | August 24, 2017 |
| RCPT0150 | Perez, Bernadette C.L. | August 24, 2017 |
| RCPT0151 | Censon, Hevron Hail | September 28, 2017 |
| RCPT0152 | Lewis, Tynard R. | September 28, 2017 |
| RCPT0153 | Rains, Johnathon M.S. | September 28, 2017 |
| RCPT0154 | Saavedra, Raina K. | September 28, 2017 |
| RT0060 | Balajadia, Karen P. | September 30, 2016 |
| RT0061 | Ramos, Jannill Rowell V. | March 16, 2017 |

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| Pharmacy Interns | | |
|---|---|---|
| **License Number** | **Name** | **Effective Date** |
| PIL-2017-001 | Manabat, Glianne A. | February 16, 2017 |
| PIL-2017-002 | Velasco, Kate S. | April 20, 2017 |
| PIL-2017-003 | Monreal, Van Melchor III | May 24, 2017 |
| PIL-2017-004 | Gozum, Jennifer A. | July 20, 2017 |
| **Nonresident Pharmacy** | | |
| **License Number** | **Name** | **Effective Date** |
| NR-PCY001 | USRC Pharmacy, LLC | July 28, 2017 |



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