August 2018

# Minnesota Board of Pharmacy News

*Published to promote compliance of pharmacy and drug law*

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## *Disciplinary Actions*

Because of space limitations, information on disciplinary actions is no longer being included in the *Minnesota Board of Pharmacy Newsletter.* A document that provides information about recent Board disciplinary actions can be found on the Minnesota Board of Pharmacy website under the "Resources/FAQs" menu item.

## *Minnesota's Prescription Monitoring Program*

### Account Registration Update

As mentioned in the May 2018 edition of the Board's *Newsletter,* state law requires all Minnesota-licensed pharmacists practicing within the state to register for and maintain a user account with the Minnesota Prescription Monitoring Program (PMP). That requirement went into effect on July 1, 2017. Pharmacists whose licenses are in "Emeritus" or "Inactive" status do not need to register for a PMP account. The following actively licensed pharmacists also do **not** need to register for a PMP account: pharmacists who have completely retired and never practice pharmacy and pharmacists who work in positions that do not require licensure as a pharmacist (for example, a pharmacist who is also an attorney and who never practices pharmacy). **Pharmacists who are licensed by the Board and who practice pharmacy within the state should register for an account at this time, if they have not already done so. Pharmacists who believe that they do not need to register for an account because of one of the reasons listed above should notify the Board that they are not registering for an account and include the reason for not registering.** Notification can be provided to the Board by sending an email to pharmacy.board@state.mn.us.

**As of July 1, 2018,** one full year after the registration requirement went into effect, **the Board began the process of opening complaints against pharmacists who have not registered or who have failed to notify the Board that they are not required to be registered.** Once a complaint is opened, **pharmacists could be subject to possible disciplinary action, which might include a reprimand and a civil penalty** (ie, a fine).

**For those who do not have an account, but should, please follow the steps below to create an account.**

To register for an account, please click here to begin the registration process. Select **Pharmacist RxSentry Access Form** and follow the instructions to complete the online process. Once you receive your account credentials, please make sure you log in to your account and change the temporary password to a private password. If you do not change your password, your account will not be activated and therefore may not be recognized as compliant with the law.

**Maintaining your PMP account:**

Account holders must perform an annual profile update. This is completed by logging in to your account, selecting **Account Management,** then **Update Account Profile.** Review your demographics, **reenter your email address to confirm it is correct,** and click **Update.** This is required every 12 months; an email reminder is sent 10 days prior to the account being deactivated and again three days prior, if no action is taken.

If you are unable to access your account, please contact the PMP vendor-supported help desk at 844/966-4767 or mnpdm-info@apprisshealth.com.

### Controlled Substance Insight Alerts

In 2015, PMP staff began alerting prescribers and pharmacies when a patient's prescription history indicates a potential high-risk behavior. The Board, in consultation with the PMP Advisory Task Force, established the threshold that is currently utilized. The established criteria signify multiple provider episodes and are in a format of multiple prescribers and dispensers supplying the patient with controlled substance (CS) prescriptions in a given time period. Notifications sent to the health care providers have been given the name "Controlled Substance Insight Alerts (CSIAs)."

Since the inception of CSIAs, the number of notices distributed has declined each year. In 2015, 1,661 CSIAs were sent to prescribers. In 2017, this number decreased to 322 prescriber notices. This decline may be due to a number of factors, including an increase in prescriber registration and use of the PMP database, and a rise in the awareness of CS prescription misuse. The program staff are considering the implementation of enhanced notices aimed at minimizing overdose risk and increasing patient safety. State and federal guidelines will be used in defining the additional patient safety notices currently under consideration. More information regarding CSIAs can be found under Frequently Asked Questions on the program's website *(http://pmp.pharmacy.state.mn.us).*

### Enhancing the PMP Database

As use of the database increases, it is critical to update and enhance the database and the system's functionality. The current system, MN RxSentry, is scheduled to be retired by the end of 2018 and replaced

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# National Pharmacy Compliance News

***August 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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with PMP AWAR$_X$E. This new solution, which is currently in production in roughly 35 states, will provide a more robust data reporting and information-sharing platform. With the proposed addition of a data analytics package, the output the end user sees will be a more interactive and graphical representation of the patient's prescription history.

What does that mean for you, the PMP account holder? Reports should be easier to read; various data fields, when hovered over, will provide additional details; a simpler process for a pharmacist to link a delegate to his or her account; the ability to set defaults when querying multiple states; and more. Talks are currently underway as to the migration of current users' accounts versus required creation of new accounts. Credentials being stored in the user account profiles will be changing to require items such as specialty, if applicable, practice name and address, and professional/private email address. Discussions will continue and information will be shared with account holders in advance of any changes.

## Pharmacist Continuing Education

Minnesota-licensed pharmacists are reminded that continuing education (CE) reporting is due no later than October 1 of every even-numbered year. As of the publication date, there are approximately six weeks left during which pharmacists can complete and report their CE for the period from October 1, 2016, to September 30, 2018. Upon completion of at least the required 30 hours of CE, pharmacists can visit the Board's website *(www.pharmacy.mn.gov),* choose "Online Services" from the Quick Links menu, log in to the Board's system, and certify the completion of their CE. Alternatively, pharmacists can access a Certification of Completion of CE form on the Board's website, fill out and sign the form, and send it to the Board's office. (Note that pharmacists first licensed after October 1, 2016, have a prorated number of CE hours that they must complete. You can determine the number of CE hours that you need to complete by logging in to your Board online account.) If you do not complete this process on time, you will be automatically included in the Board's CE audit and required to submit proof of having completed the required number of hours of CE.

## Pharmacy Technician Registration

Any individual can use the online services portion of the Board's website to do an initial registration as a pharmacy technician. However, submitting an online application is only the start of the registration process. Registration as a pharmacy technician requires an individual to be at least 18 years old and either a high school graduate or have passed a commissioner of education-approved high school equivalency test (commonly referred to as a GED test). Upon conducting audits of individuals who completed applications for initial pharmacy technician registration online, the Board discovered that a number of individuals were not high school graduates and did not have a GED certificate. Consequently, the online initial registration process has been changed so that a registration is not immediately issued upon completion of the online application. Instead, the registration is not issued until the applicant submits documentation to the Board's office that proves high school graduation or possession of a GED certificate. Proof can be submitted to the Board by regular mail, email, or fax. Pharmacies should not allow an individual to perform technician duties unless that person can produce a current pharmacy technician registration certificate issued by the Board.

After their initial registration, technicians have 12 months in which to complete training. In order to renew their registrations, they must provide the Board with evidence of completion of one of the following:

(1) a pharmacy technician training program offered by a Board-approved, accredited vocational/technical institution or college;

(2) a pharmacy technician training program accredited by a Board-approved, national organization that accredits pharmacy technician training programs;

(3) a pharmacy technician training program provided by a branch of the United States Armed Forces or Public Health Service; or

(4) an employer-based pharmacy technician training program that includes a minimum total of 240 hours in a one-year period to include both theoretical and practical instruction. **An employer utilizing such a program must develop and regularly update a technician training manual that must be available for Board inspection upon request. The employer must also supply a technician who completes the training program with written evidence of completion.** The employer-based pharmacy technician training program must include written guidelines, policies, and procedures that define the specific tasks the technician will be expected to perform. Informal, on-the-job training is not acceptable for the purposes of meeting the training requirement.

## In Memoriam

Former Board member Henry T. Capiz recently passed away at the age of 92. Mr Capiz served on the Minnesota Board of Pharmacy for eight years – from January 1986 through January 1994. He served as Board president in 1989 and 1993. Following the Japanese attack on Pearl Harbor in 1941, Henry was inducted into the Army. As an Army paratrooper, his unit participated in missions in Europe and he was awarded several decorations, including a Bronze Star. When the war ended, he was discharged as a noncommissioned officer. Henry then entered the Minnesota Air National Guard, eventually attaining the rank of lieutenant colonel, making him one of the highest-ranking Hispanic officers at the time. His National Guard squadron was one of the many US squadrons activated to evacuate American troops out of Vietnam after the end of US military involvement. Henry retired from the Minnesota National Guard in 1986. Henry graduated from the University of Minnesota College of Pharmacy in 1957. After practicing as a pharmacist, he was appointed chief of pharmacy for St Luke's Hospital, known today as United Hospital in St Paul, MN. His contributions to pharmacy education and practice extended nearly 40 years, until he retired in 1991.



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