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New Mexico Board of Pharmacy News

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New Board Member

New Mexico Governor Susana Martinez has selected Michael Garringer as the newest member of the New Mexico Board of Pharmacy. Michael is one of two public members currently serving on the Board. The third public member slot is currently vacant. Michael offers the Board over 30 years of experience in oil and gas operations, real estate, and banking. The current makeup of the Board is as follows:

- Richard Mazzoni, RPh, Northeast District, Chairperson
- Amy Buesing, RPh, Hospital Representative, Vice Chairperson
- Neal Dungan, RPh, Southeast District, Secretary
- Joe R. Anderson, RPh, Central District
- Michael Garringer, Public Member
- Teri Rolan, RPh, Northwest District
- Cathleen Wingert, Public Member
- Chris Woodul, RPh, Southwest District
- Vacant, Public Member

To apply to be a Board member, please visit the governor's web page at *www.governor.state.nm.us/ApplyForBoards.aspx.*

Legislative Updates

During the 2017 legislative session, the following bills were signed by Governor Martinez. These bills affect both the practice of pharmacy and the Board.

House Bill (HB) 370 – Opioid Overdose Education: This bill will increase access to naloxone and provide opioid overdose education. This will be done in three ways:

1. Opioid treatment centers that provide methadone or other narcotic treatment to patients will be required to also provide naloxone to patients and provide education on opioid overdose.
2. State and local law enforcement will be required to possess naloxone. Each law enforcement officer will receive education in overdose, including mouth-to-mouth resuscitation.
3. Inmates with a diagnosed substance abuse disorder will receive naloxone and opioid overdose education upon their release.

HB 260 and Senate Bill 180 – Regulation of Biosimilar Products: This bill will allow New Mexico pharmacists to substitute a "biosimilar" medicine for a "biological" medicine. The bill defines the requirements for a pharmacist to interchange a prescribed biological product with its corresponding biosimilar product. Those requirements are similar to when a generic drug is substituted for a brand name drug. This can only be done with drugs approved by Food and Drug Administration as biosimilar.

Disciplinary Actions

Mark Gordon, PT – License PT-10689. Order accepting voluntary surrender of pharmacy technician registration. Must pay costs of investigation in amount of $100.

Brian Gutierrez, RPh – License RP-8063. Supervised two pharmacy technicians who did not hold valid pharmacy technician certifications, as required, after one year of becoming registered. Must pay fine and cost of investigation, totaling $775.

Cindy Denise Johnson, RPh – License RP-6916. Pre-Notice of Completed Action Settlement Agreement. Pharmacist was working with an expired license and diluted medication was discovered at the pharmacy where respondent acted as director of pharmacy. Must pay a fine of $4,600.

Maroon Pharma, LLC – License WD-11538. Notice of Contemplated Action was sent regarding evidence of respondent's dishonorable conduct and insufficient record keeping. Respondent did not request a hearing, as required, within 20 days. Respondent's license, owned by Alexander Soliman, was revoked.

Robert (Bob) McClelland III, RPh – License RP-4533. First amended settlement agreement. Settlement agreement revised to allow required additional licensed pharmacist hours to be reduced from 20 hours per week to 10 hours per week.

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DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at *www.deadiversion.usdoj.gov/drugreg/index.html.*

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

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.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit *https://www.ismp.org/Survey/NewMssacap/Index.asp.*

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists,* CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at *www.cdc.gov/dhdsp/pubs/docs/pharmacist-resource-guide.pdf.*

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at *https://jcpp.net.*

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.*

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register,* which can be found at *www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.*

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at *www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.*

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at *www.ptcb.org* in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit *www.BuySafeRx.pharmacy.*

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at *http://lawatlas.org/datasets/pharmacist-vaccination,* explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

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Gilbert Orosco, PT – License PT-9936. Settlement agreement. Performed technician duties without having passed the certification test within one year of registration. Must pay $500 fine.

Martin Salas, RPh – License RP-5599. Admitted to transferring a controlled substance without the proper form. Must pay fine and cost of investigation, totaling $1,700.

Fifty-Year Pharmacists

The following is the current list of pharmacists who have been licensed by the state of New Mexico for at least 50 years and who also maintain an active license. The Board thanks you for your service and dedication to the profession of pharmacy and the citizens of New Mexico.

Joseph R. Abeyta	Nick H. Brown
Grace Colvin	Kenneth L. Corazza
George E. Downs	Lawrence N. Etherton
J. Ronald Ewing	Arturo Figueroa
Kenneth L. Fourcher	John (Chris) C. Gallegos
Robert Ghattas	Ronald Jack Glenn
Richard Gomez	John A. Heaton
John Huffmyer	Lowell M. Irby
Winita Kasemsap	William J. Long
Edward A. Osborne	Philip A. Parkhurst
Joseph Mengoni	Lonnie R. Nunley
Dennis S. Pena	Walter F. Peyton
Robert T. Shmaeff	Raymond C. Sierks
Larry W. Sparks	Johnny S. Volpato, Sr

Significant Adverse Drug Events

1. A 21-year-old patient was prescribed sertraline 25 mg, but was dispensed quetiapine 25 mg. Patient did not take incorrectly dispensed medication. Pharmacist recommends to recheck input information and to double-check the prescription versus the label.
2. A 60-year-old patient was prescribed hemorrhoidal-HC 25 mg suppositories, but was dispensed promethazine 25 mg suppositories. A lack of hemorrhoid relief led to an additional visit to practitioner. Pharmacist recommends to offer consultation to patients and counseling when necessary.
3. A 61-year-old patient was prescribed olmesartan/hydrochlorothiazide 20/12.5 mg, but was dispensed olmesartan/hydrochlorothiazide 20/12.5 mg and fluconazole 200 mg. The patient did not take the incorrectly dispensed medication. Error occurred because correct medication was placed on top of incorrect medication in vial. Pharmacist recommends visually inspecting vials before filling, retraining staff on proper filling procedures, and looking at the entire vial, not just the top, when verifying if possible.
4. A 61-year-old patient was prescribed atenolol/chlorthalidone, but was dispensed amitriptyline. Patient visited the emergency room (ER) twice because blood pressure was too high. Stock atenolol/chlorthalidone and amitriptyline bottles look identical. The filling pharmacy technician did not scan all bottles. Pharmacist recommends technician scan all bottles.
5. A 58-year-old patient was prescribed furosemide 40 mg, but was dispensed amlodipine 5 mg. Patient also has prescription for amlodipine. Patient suffered worsening edema, dizziness, and malaise. The error occurred because the wrong bottle was scanned. Tablets are similar, so pharmacist missed during final verification. Patient took incorrect medication for nearly one month. Error occurred because multiple bottles were at the filling station, and technician needed to leave the filling station during processing.
6. A 40-year-old patient received quetiapine 50 mg. The medication was sold to the wrong patient with the same name. Patient suffered ataxia and had slurred speech. Pharmacist recommends that technicians verify patients with two identifiers and also scan prescription at register.
7. A 90-year-old patient received alprazolam 0.5 mg, filled under another patient name. The wrong patient was selected at data entry. Patient took for three days and experienced drowsiness, dizziness, and difficulty walking. Another contributing factor to the error was lack of patient's date of birth on the prescription.
8. A 62-year-old patient was prescribed atenolol 50 mg tablet, but received atenolol 25 mg tablet. As a result, patient needed to visit ER. Error occurred because of distractions.
9. An 87-year-old patient was prescribed lisinopril 5 mg, but was dispensed lisinopril and trazodone 50 mg. Patient did not take any of the incorrect medication. The correct medication was with the incorrect medication together in the vial. Pharmacist did both filling and checking. Also, pharmacist was new and not properly trained. Pharmacist recommends proper training and to avoid filling and checking same medication.

Disclaimer: The suggestions are made by the pharmacist submitting the Significant Adverse Drug Event Report. The New Mexico Board of Pharmacy may not necessarily agree with these suggestions.

Reminders

- By regulation, an impaired licensee must be reported to the Impaired Pharmacist Program or referred to the Board. The Board-approved program is the Monitored Treatment Program (MTP). Failure to report an impaired pharmacist or refer to MTP is considered unprofessional or dishonorable conduct.
- United States Pharmacopeia (USP) General Chapter <800> will become effective and enforceable in July 2018. If you compound sterile and nonsterile products using hazardous drugs, you must be in compliance. To determine if you are in compliance, visit *http://800gaptool.com*.

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- Information regarding naloxone is available on the Board website under the Forms and Applications tab. This will provide you with the standing order prescription you need to dispense naloxone to any New Mexico citizen.
- The next Board meeting is scheduled for Monday and Tuesday, June 26-27, 2017. The agenda must be posted at least 72 hours prior to the beginning of the meeting. Meetings are open to the public.
- For most locations, unless an alternate date has been approved, you should have taken your annual controlled substances inventory on May 1, plus or minus four days. If you forgot, please do this as soon as possible.

Regulation Changes

During the April 20-21, 2017 regular Board meeting, three regulation changes were approved.

Regulation 16.19.6 New Mexico Administrative Code (NMAC) – Pharmacies was revised to require non-resident pharmacies that compound sterile products to be shipped into New Mexico must initially show compliance with USP within the past 12 months.

Regulation 16.19.33 NMAC – Tele-Pharmacy and Remote Dispensing was expanded, revised, and clarified. This will be an ongoing project in the near future, as telepharmacy is a growing industry.

Regulation 16.19.26 NMAC – Pharmacist Prescriptive Authority was expanded to add Hormonal Contraception Drug Therapy. The prescribing of hormonal contraception is allowed following a protocol approved by the New Mexico Medical Board, the New Mexico Board of Nursing, and the Board of Pharmacy. After receiving the proper training, all pharmacists will be allowed to prescribe hormonal contraception.

To view complete regulations, please visit the Board website.

PMP AWAR$_X$E

April marked six months since the Board's transition to the PMP AWAR$_X$E platform, owned by Appriss, Inc. Thank you for your patience during this time. The Board has heard your suggestions and requests and is working hard to improve access and utilization for the New Mexico Prescription Monitoring Program (PMP). The Board has taken your feedback and comments into consideration and is currently working toward a return to peer-to-peer communication. This was formally known as a patient alert to share prescribing concerns with other providers.

Funding for new applications to the PMP is sourced mainly by federal grants. The Board is applying for more enhancements to streamline data and increase efficacy. The Board hopes to bring good news in the fall.

Login – Common Problems

If you are logging into the PMP for the first time since October 2016, things have changed. Your old username will not work. Now, you will use the email address that you originally registered. If you do not remember it, the Board can look it up and update if needed. Please do not create a new account.

If you think you have the correct email address and password, but receive the message "Authentication failed, please try again," double-check that there are not any spaces before or after your email address. If the message continues, click Reset Password and follow the prompts to receive an email with a link to reset.

Password – Common Problems

There is one very important step that many users neglect when registering. A pop-up appears that states, "A link to verify your email address has been sent." This link will arrive in an email titled "PMP AWAR$_X$E Email Verification Request" when you first register. The link is only good for 20 minutes, but will direct the user to resend the link if it has expired. Without completing this step, the system cannot send future emails for password resets.

If you are trying to reset your password and you click the Reset Password link on the login page, but you do not receive an email, it is likely that your email was not initially verified. Contact the Board for help at nmpmp@state.nm.us.

PMP Outreach

PMP staff are available for presentations to review and discuss PMP information, statistics, reports, and the new PMP AWAR$_X$E platform. Staff can also assist with registrations or other questions.

The *New Mexico Board of Pharmacy News* is published by the New Mexico 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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