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Nevada State Board of Pharmacy News

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Changing Board Faces

Sadly, effective April 23, 2018, Darla Zarley resigned from her appointment to the Nevada State Board of Pharmacy. However, on a brighter note, after leaving her role as a Board member, Darla expressed an interest in the available grant and project analyst position on the Board staff and was consequently hired for the position and began on June 1, 2018. Darla was a solid Board member during her tenure, working tirelessly for the betterment of pharmacy in general, including the protection of the public.

Congratulations, Darla, on your new venture, and thank you for your devotion and service over the years!

Obviously, when a Board member resigns, another is appointed to fill that void. Hence, it is with great delight that the Board announces the appointment by Governor Brian Sandoval of Wayne A. Mitchell, PharmD, RPh, to the Board. Wayne is not only licensed in Nevada, but in California and Illinois (his home state) as well, and brings to the Board an impressive background in many facets of pharmacy.

Currently, Wayne is the director of pharmacy services for Carson Tahoe Regional Healthcare in Carson City, NV, with main areas of interest in education program development for medical professionals and the proactive application of pharmaceutical care. After receiving a bachelor of science degree in pharmacy from Drake University in 1980, Wayne did a residency in hospital pharmacy administration at the University of New Mexico, followed by the completion of his doctor of pharmacy degree in 2001 through the University of Florida. Wayne has been a resident of Nevada for some 34 years, is married, and has two adult children.

Congratulations on your appointment, Wayne, and welcome!

Return of Dispensed Drugs to a Pharmacy

The return of dispensed drugs to a pharmacy – not only in the retail setting, but also in the long-term care (LTC) and group home arenas – is often misunderstood. In fact, not long ago, Drug Enforcement Administration (DEA) added Part 1317, titled "Disposal," to Chapter 21 of the Code of Federal Regulations (CFR), which specifically addresses the disposal of controlled substances (CS).

The Board offers the following guidelines:

- Nevada Revised Statutes (NRS) 639.282 states that it is unlawful to have in possession any drug that has been dispensed pursuant to a prescription or chart order that has left the control of a pharmacist or practitioner.
  - This includes damaged drugs, drugs obtained through bankruptcy or foreclosure proceedings, and drugs once possessed by the deceased.
  - There are exceptions for drugs in unit-dose packaging (see NRS 639.760 and NRS 639.267) dispensed to patients residing in LTC facilities, drugs dispensed to patients residing in correctional institutions (NRS 639.2675), and drugs transferred to nonprofit pharmacies (NRS 639.2676).
  - In short, if a prescription has left the pharmacy or a dispensing practitioner's office, it may not be taken back, and your patients cannot use you and your pharmacy as a disposal site.
- Any medical facility (eg, LTC facility or hospital), group home, or assisted living facility that collects its patients' medications at admission must surrender those medications to the patient or the patient's family upon discharge or death of the patient.
  - The facility has no legal authority to retain those medications regardless of who paid for them.
- A DEA registrant (which includes any pharmacy or hospital and clinic with an on-site pharmacy with a DEA registration) may, however, become an authorized collector of CS in accordance with CFR 1301.51.
  - This involves the modification of the DEA registration of the pharmacy through DEA and notification to the Board pursuant to Nevada Administrative Code 639.050; and

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National Pharmacy Compliance News

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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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- ◊ This usually involves the installation and management of a collection receptacle (see CFR 1317.75 and CFR 1317.80).

Controlled Substance Prescription DEA Number Requirement

By Darla Zarley, PharmD, Grant and Project Analyst

With implementation of Assembly Bill (AB) 474 on January 1, 2018, the elements required on a CS prescription have changed. One of the changes requires a practitioner to clearly indicate his or her DEA number on the CS prescription before issuing the prescription to the patient. The pharmacist may not add or modify the prescriber's DEA number. Additionally, if multiple practitioners' names and DEA numbers are printed on the prescription form, the prescription cannot be filled unless the practitioner clearly indicates which is his or her name and DEA number.

AB 474 requires the practitioner to **clearly** indicate his or her DEA number on all CS prescriptions to help reduce errors from occurring during the data entry process. However, the Nevada Prescription Monitoring Program (PMP) is still receiving complaints that pharmacies are selecting the incorrect prescriber when processing prescriptions. As a result, prescriptions are being attributed to the wrong prescriber in the PMP database. This is unacceptable. It is imperative that pharmacy personnel take this issue seriously and select the appropriate prescriber when processing a prescription. If these errors continue to occur, the Board will begin to impose disciplinary action against the pharmacists and pharmacies involved. The Board thanks you for your attention to this important matter.

Disclaimer: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

The *Nevada State Board of Pharmacy News* is published by the Nevada 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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