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New Hampshire Board of Pharmacy News

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New Hampshire Requirements to Upgrade From a Registered Pharmacy Technician to a Certified Pharmacy Technician

The New Hampshire Board of Pharmacy would like to remind pharmacy technicians and their pharmacists-in-charge (PICs) of the requirements for upgrading from a registered pharmacy technician to a certified pharmacy technician in New Hampshire.

Responsibilities of a PIC regarding Registered Pharmacy Technicians

1. A registered pharmacy technician who wishes to continue to practice as a registered pharmacy technician can continue to do so under current Board regulations. There is **no requirement or administrative rule requiring a technician** to move from a registered pharmacy technician to a certified pharmacy technician. Registered pharmacy technicians can continue to perform nondiscretionary duties in the pharmacy as described in Pharmacy Rule (Ph) 807.01 and Ph 807.02 on the Board website.
2. If you have a registered pharmacy technician who is currently studying and working toward becoming a certified pharmacy technician, the timeline to complete this process is one year from January 15, 2019, so it should be completed no later than January 15, 2020. **Once the individual takes the national certification exam and passes,** there are two things you should remember:
   a. If you, as a PIC, wish for this person to **practice as a certified pharmacy technician in New Hampshire under your supervision** in your pharmacy/practice setting, then you and the technician need to complete the following steps:
      i. The technician needs to visit the Board's website at *www.oplc.nh.gov/pharmacy,* select Licensing on the right-hand side, select Pharmacy Technician License, **print** the Initial Application, complete it in its entirety, and **mail** it along with a copy of the technician's national certification to the Board office. Please be certain the entire application is completed and **write at the top of it, "For Update Purposes Only." No fee is required.** Faxed documents are not accepted.
      ii. **If you do not wish** to have your technician practice as a certified pharmacy technician, then no action is required.
3. Registered pharmacy technicians will have the **PhT** designation after their names on their permits.
4. Certified pharmacy technicians will have the **CPhT** designation after their names on their permits.
5. As a PIC, please be certain that the correct designation is on each permit when the technician presents it to you. All permits should be presented to the PIC within 15 days of the technician receiving the permit.
6. A registered pharmacy technician **cannot** perform the duties of a certified pharmacy technician in New Hampshire without the correct designation after his or her name on the permit. The permit is required to be in hand **before** beginning to practice as a New Hampshire-certified pharmacy technician.
7. **Renewals** – The Board's renewal period is 60 days prior to the expiration date of current technician registrations. Before registered pharmacy technicians can move from registered to certified, they need to complete their online renewals first, and then complete the paperwork to upgrade to certified pharmacy technician. **The Board cannot make any changes to a permit during the renewal process.**

Responsibilities of Registered Pharmacy Technicians Moving to Become Certified

1. If you have passed the national exam and wish to practice as a certified pharmacy technician in New Hampshire, please remember that this is considered

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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.

FDA Launches Pilot Program to Improve Security of Drug Supply Chain With an Innovative Approach

Food and Drug Administration (FDA) has launched a pilot program allowing participants representing the various parts of the drug supply chain to pilot innovative and emerging approaches for enhanced tracing and verification of prescription drugs in the United States' supply chain. The program is in line with FDA's ongoing efforts to prevent suspect and illegitimate products from entering the supply chain, according to an FDA press release. Eligible manufacturers, repackagers, and other stakeholders can apply to participate in the program, which will inform the development of the enhanced electronic, interoperable track-and-trace system for industry set to go into effect in 2023 in accordance with the Drug Supply Chain Security Act (DSCSA), enacted by Congress on November 27, 2013.

The pilot technologies of this program may become part of FDA's enhanced expectations for reliable track-and-trace systems, which will be designed to reduce diversion of drugs distributed domestically and to keep counterfeit drugs from entering the supply chain. The DSCSA pilot project program is intended to help identify and evaluate the most efficient processes to comply with and apply drug supply chain security requirements and will aid in identifying attributes the system will need for enhanced product tracing and verification, as well as electronic means to share the information. FDA recently issued draft guidance on the use of product identifiers with a unique serial number to improve verification down to the package level. FDA has also provided draft guidance for verification systems to quarantine and investigate suspect and illegitimate drugs.

Additional information on the FDA pilot program is available in a February 8, 2019 announcement in the *Federal Register.*

FDA Announces New Efforts to Increase Oversight and Strengthen Regulation of Dietary Supplements

Noting that three in four Americans now take at least one dietary supplement on a regular basis, and that the dietary supplement industry has expanded to include as many as 80,000 different products for consumers, FDA Commissioner Scott Gottlieb, MD, has announced new plans to increase the agency's oversight of dietary supplements. These initiatives include communicating to the public as soon as possible when there is a concern about a dietary supplement on the market, ensuring that the regulatory framework is flexible enough to adequately evaluate product safety, and continuing to work closely with industry partners. FDA is also developing new enforcement strategies to respond to entities that violate standards established under the Dietary Supplement Health and Education Act of 1994.

On February 11, 2019, FDA sent 12 warning letters and five online advisory letters to foreign and domestic companies that are illegally selling more than 58 products. The products are illegally marketed as unapproved new drugs that make unproven claims about preventing, treating, or curing Alzheimer's disease, as well as a number of other serious diseases and health conditions, such as diabetes and cancer. In his statement, Gottlieb noted that most stakeholders in the industry act responsibly, but he expressed concern over the ability of bad actors to exploit the system by providing potentially dangerous products and making unproven or misleading claims about the health benefits supplements may offer.

FDA is planning a public meeting on this topic during the second quarter of 2019. For more information, view the FDA statement at *https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm631065.htm.*

Trump Administration Releases National Drug Control Strategy to Reduce Drug Trafficking and Abuse

As the opioid crisis continues to claim the lives of tens of thousands of Americans each year, the Office of National Drug Control Policy has released its *National Drug Control Strategy.* The *Strategy* breaks down the administration's priorities in addressing the crisis, with an emphasis on three areas: prevention, treatment and recovery, and reducing availability.

- **Prevention** efforts are focused on educating both consumers and caregivers about the dangers of opioid misuse and include a new national media campaign, continued efforts to expand prescription monitoring programs (PMPs), and improving the ability of state, local, and tribal communities to identify and prevent substance abuse.
- **Treatment and recovery recommendations** in the *Strategy* include improving access to naloxone, improving evidence-based addiction treatment, and eliminating barriers for accessing treatment.

- **Reducing availability** strategies are focused on disrupting illegal supply chains, defeating drug traffickers, increased cooperation with international partners, and combating illegal internet drug sales.

The document notes that the "most important criterion of success" is saving lives and calls for the federal government to work closely with state and local governments, as well as other stakeholders. Additional information, including the full strategy document, is available on the White House website at *https://www.whitehouse.gov/opioids.*

National Association of Boards of Pharmacy® (NABP®) and its member boards of pharmacy remain committed to advancing best practices for PMPs in the interest of public health. NABP's PMP data sharing system, NABP PMP InterConnect®, facilitates the secure transfer of PMP data across state lines and provides an effective means of combating drug diversion and drug abuse nationwide. In addition, NABP and its member boards continue efforts to educate consumers about prescription drug safety. The NABP AWAR$_X$E® Prescription Drug Safety Program's Drug Disposal Locator Tool has more than 6,000 disposal locations and continues to add new locations to provide consumers with a safe way to dispose of medication and help prevent misuse and abuse of prescription medications. For more information about PMP InterConnect and the AWAR$_X$E program, visit the Initiatives section of the NABP website at *www.nabp.pharmacy.*

New Study Predicts Opioid Epidemic Will Worsen Over the Next Decade

More than 700,000 people will die from opioid overdoses between 2016 and 2025, and annual overdose deaths will reach nearly 82,000 by 2025, estimates a new study published to *JAMA Network Open.* The estimate is based on an analysis of data from the National Survey on Drug Use and Health and the Centers for Disease Control and Prevention from 2002 to 2015.

Researchers also projected that intervention efforts focused on lowering the incidence of prescription opioid misuse would help to reduce the number of deaths 3.8% to 5.3%, a figure the researchers described as "modest," due to the changing nature of the opioid crisis. The study notes that more people are directly initiating opioid use with illicit opioids rather than prescription drugs, and illicit opioids have become more lethal with the availability of illegally manufactured fentanyl.

The researchers encourage policymakers to take "a stronger and multipronged approach" to reduce the impact of the ongoing opioid overdose epidemic. The full article is available at *https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2723405.*

FDA Warns of Potential Blood Pressure Medication Shortages Due to Recalls

FDA is warning health care providers and consumers of a shortage of angiotensin II receptor blockers, commonly used to treat high blood pressure. A growing list of medications containing valsartan, losartan, and irbesartan have been recalled from the market for containing an impurity that may present a cancer risk to patients. The issue was first detected in the summer of 2018, according to a statement posted to the FDA website. Since then, FDA has placed a Chinese manufacturer of the active ingredient on import alert to stop their imports, and FDA is working with other manufacturers to recall affected medications.

In the statement, FDA notes that the risk to individual patients remains very small, but that there is still reason to be concerned about the potential health risks. Medications with these impurities are believed to have been in the market for about four years.

"Now that these risks are identified, we're applying what we've learned to the evaluation of similar manufacturing processes where we now know these risks could arise," the statement notes. The FDA press release is available at *https://www.fda.gov/newsevents/newsroom/pressannouncements/ucm629796.htm.*

FDA Releases Two Draft Guidances Related to REMS Programs

FDA has released two new draft guidances to ensure risk mitigation programs put in place for certain drugs and biologics, as required for approval, are working. The agency's primary risk management tool is FDA-approved product labeling. However, in limited cases, FDA may require a Risk Evaluation and Mitigation Strategy (REMS) to help ensure a drug's benefits outweigh its risks.

The following guidances relate to the assessment of REMS programs:

- **REMS Assessment: Planning and Reporting Guidance for Industry** describes how to develop a REMS Assessment Plan.
- **Survey Methodologies to Assess REMS Goals That Relate to Knowledge Guidance for Industry** provides recommendations on conducting REMS assessment surveys to evaluate patient or health care provider knowledge of REMS-related information.

FDA states that the goal in providing this guidance for REMS is to ensure constant improvement of their safety programs and establish the most efficient and effective programs moving forward, to optimize patient care and keep consumers safe and healthy. More information on REMS is available on the FDA website at *https://www.fda.gov/drugs/drugsafety/rems.*

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a change to your current registration, as defined in Revised Statutes Annotated (RSA) 318:26-a. The Board needs to be notified of this change within 15 days as defined by that law.

2. Your PIC **is required** to sign your application affirming that he or she will supervise you as a certified pharmacy technician in New Hampshire. If your PIC does not wish to have you practice in this capacity, **then you cannot practice in that capacity.**
3. **If you do not have CPhT after your name on your permits, then you cannot practice as a certified pharmacy technician in New Hampshire.**
4. **It is your responsibility as a New Hampshire technician** to print the paperwork, be certain it is complete, and mail it to the Board office as described on the Board website's Pharmacy Technician page.
5. **It is your responsibility as a New Hampshire technician** to be certain that you have the correct permit to provide to your PIC within 15 days of receiving the permit. Permits need to be posted or on file at the pharmacy at all times.
6. Please remember that once the Board office receives the completed application, it requires at least seven to 14 business days to complete this process and get the permit back to you via email.
7. **Renewal** – If you are currently a registered pharmacy technician and wish to move to a certified pharmacy technician, then you are required to renew your **registered** pharmacy technician permit online first. Next, update the Board office with the "For Update Purposes Only" application and attach a copy of the national certification with it. The Board needs to receive the original signature of the PIC on this application, so please do not attempt to fax the application, as it will not be processed.

Hormonal Contraceptives by Pharmacists

In 2018, RSA 318:47-1 was passed, which allows a prescriber, either a physician or a nurse practitioner, to delegate limited prescriptive authority via a standing order so that a licensed pharmacist may dispense oral contraception. Any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice. A standing order shall specify a mechanism for documenting the screening used by the pharmacist, placing the document in the patient's medical record, and including any plans for evaluating and treating adverse events.

Prior to prescribing and dispensing hormonal contraception under the law, a pharmacist shall complete an Accreditation Council for Pharmacy Education (ACPE)-accredited educational training program related to hormonal contraceptives. The Board has collaborated with Northeastern University to offer the University of Oregon ACPE-accredited program for pharmacists practicing in the state of New Hampshire. In addition to the educational requirement, a pharmacist shall comply with the most current United States Medical Eligibility Criteria for contraceptive use as adopted by the Centers for Disease Control and Prevention (CDC).

A patient receiving oral hormonal contraception from a pharmacist shall be provided with a standardized information sheet written in plain language, which shall include, but is not limited to, the indication for usage, the importance of follow-up care, and health care referral information.

The law requires the Board to adopt rules related to educational requirements to comply with the statute, work with the commissioner of the New Hampshire Department of Health and Human Services (DHHS) to develop both the content and format of the standardized information sheet, and to create a statewide protocol that is approved by the boards of medicine and nursing and DHHS.

Over the past several months, the Board has held stakeholder meetings to address the requirements for a statewide protocol, educational requirements, and a statewide standing order for delegate-limited prescriptive authority. A statewide protocol has been developed and approved by the New Hampshire boards of medicine and nursing and by DHHS. A lead physician at Dartmouth-Hitchcock's OB/GYN: Obstetrics, Gynecology & Nurse Midwifery Department has agreed to author a statewide standing order. Northeastern University has an agreement with the University of Oregon for New Hampshire pharmacists to complete their extensive and comprehensive ACPE-accredited educational training program on hormonal contraceptives. Rules have been drafted and are expected to be reviewed by the Board at its April 2019 meeting. The goal is to have this program operational by fall 2019.

The Board is in discussions with the New Hampshire Insurance Department regarding payment for the clinical services related to the evaluation and completion of documentation necessary to issue and dispense an oral hormonal contraception therapy.

DHHS' DPHS Partners With Pharmacists to Prevent and Manage Diabetes and Heart Disease in New Hampshire Adults

DHHS' Division of Public Health Services (DPHS), in collaboration with the Board, New Hampshire Pharmacists Association, and New Hampshire Society of Health-System Pharmacists, is conducting a statewide survey of pharmacists licensed in New Hampshire.

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The purpose of the survey is to understand current practices, barriers, and needs of New Hampshire pharmacists related to medication therapy management (MTM), collaborative practice agreements (CPAs), and diabetes self-management education and support (DSMES) to help improve patient outcomes for those with or at risk for diabetes and heart disease.

The information collected through this survey is anonymous and will be analyzed in aggregate to inform efforts to enhance and increase awareness of MTM, CPAs, and DSMES services, and to meet the training needs of pharmacists in New Hampshire.

Additionally, funds will be used for project implementation, which is intended to:

1. Increase the number of pharmacists who provide MTM services to patients with diabetes, hypertension, and high cholesterol.
2. Increase pharmacy-based DSMES services recognized by the American Diabetes Association or accredited by the American Association of Diabetes Educators.

Funding for this work is made possible through a cooperative agreement with CDC and DHHS' DPHS titled, *Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke* (CDC-RFA-DP18-1815). Over time, increasing involvement of pharmacists in MTM and DSMES could lead to increased medication adherence and patient engagement in self-management, thereby improving health outcomes. A major component of this cooperative agreement involves collecting and reporting on data and evaluating the impact of the interventions. Contributions from both DPHS and New Hampshire pharmacists are necessary to make this collaboration possible. DPHS provides skills in core areas such as evaluation and epidemiology, and pharmacists contribute subject matter expertise, experience on the front lines, and dedication to improving opportunities for the pharmacy profession.

CDC released a number of guidance documents that support collaboration between pharmacists and public health. Additionally, New Hampshire expects to learn from other states as many are also working on similar CDC-funded projects.

The online survey is available at *https://www.surveymonkey.com/r/nhpharm.*

For more information on this exciting collaboration, please contact:

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Additional Resources

- ***A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases*** – *www.cdc.gov/dhdsp/programs/spha/docs/pharmacist_guide.pdf.*
- CDC's **CPA resource** – *https://www.cdc.gov/dhdsp/pubs/docs/cpa-team-based-care.pdf.*
- ***Emerging Practices in Diabetes Prevention and Control: Working With Pharmacists*** – *https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/emerging_practices-work_with_pharmacists.pdf.*

Board Licensee Statistics

License Type	Number of Active Licensees
Pharmacists	2,694
Registered Pharmacy Technicians	2,516
Certified Pharmacy Technicians	1,045
Pharmacy Interns	285
Drug Manufacturers/ Wholesalers	1,247
Nonresident Pharmacies	689
In-State Pharmacies	316
Retail Medical Gas/Device Distributors	287
Bulk Drug Compounders (503B's)	42
Public Health Clinics	18
Methadone Treatment Facilities	9
Pharmaceutical Research Organizations	2

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