December 2017

New Mexico Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

5500 San Antonio Dr NE, Suite C • Albuquerque, NM 87109 • Tel: 505/222-9830 • Fax: 505/222-9845
In-State Only Toll Free: 1-800/565-9102 • *www.rld.state.nm.us/boards/Pharmacy.aspx*

Significant Adverse Drug Events

1. A 52-year-old patient was prescribed clonazepam 2 mg but received clonazepam 1 mg. The patient complained of "not feeling well." The prescription was typed incorrectly and filled mechanically. The final check was not properly done. The patient declined counseling as this was a regular medication. No recommendations were given for prevention.
2. A 55-year-old patient was prescribed Vitamin D 50,000 IU per week but was dispensed alendronate 70 mg per week. The wrong drug was entered by the pharmacy technician. The pharmacist did not do a thorough check. The patient did not take the incorrect medication. Normally, the pharmacist verifies the right drug, right patient, and right dose. But the pharmacy was busy with phones ringing and patients waiting. Pharmacist recommends ensuring that the label is correct.
3. A 50-year-old patient was prescribed Dexilant™ 60 mg but received duloxetine 60 mg. The patient suffered a racing heart and felt light-headed. When filling, the prescription could not be found, so the prescription was redone. During this time, the scanner was bypassed. Usually, the bottle and label must be scanned.
4. A 40-year-old patient was prescribed levothyroxine 25 mcg but received levothyroxine 125 mcg. The patient did not suffer harm, according to the prescriber office. This was a communication error between two pharmacists when the prescription was transferred. Pharmacist recommends repeating back all communications by telephone for verification.
5. A 35-year-old patient was prescribed clozapine 100 mg but received clonazepam 1 mg. The patient suffered no adverse effects. The error occurred when the doctor's office called in a telephone prescription to the pharmacist and a miscommunication resulted. Pharmacist recommends repeating the prescription order back to the doctor immediately after the prescription is telephoned in for verification.
6. A 33-year-old patient was prescribed levothyroxine 88 mcg and was dispensed amitriptyline 75 mg. The patient complained of fatigue, malaise, and low blood pressure. The patient's medication was placed with another patient's medication, causing amitriptyline to be received rather than the prescribed levothyroxine. Pharmacist recommends that the verifying pharmacist must complete each individual patient prescription before working on the next patient.
7. A 46-year-old patient was prescribed methotrexate 10 mg but received methotrexate 2.5 mg. The pharmacist allowed the pharmacy technician to change the electronic prescription from 10 mg to 2.5 mg tablets because of insurance. The pharmacy technician miscalculated the number of tablets required to make the 10 mg dose. The pharmacist missed this dose miscalculation. The pharmacist said the staff was short due to vacations. Pharmacist recommends that the pharmacy technician inform the pharmacist whenever there is a dosage change. The pharmacist also must approve a dosage change before processing.

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.

Board Member and Staff Changes

Amy Buesing, RPh, is leaving the Board. Amy served more than two complete terms as a Board member. She served on the Board as the hospital representative and also served for many years as the vice chairperson. As a Board member, she served on the Facilities and Operations Committee and was instrumental in providing insight to enable the profession of pharmacy in New Mexico to progress. Amy plans to return to the Las Cruces, NM area and continue to work with pre-pharmacy students at New Mexico State University.

Replacing Amy as the hospital representative is William "Bill" Lord. Bill is a lifelong resident of New Mexico and a graduate of the University of New Mexico College of Pharmacy. He brings to the Board more than 30 years of pharmacy experience across multiple

continued on page 4

.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.*

continued from page 4

pharmaceutical platforms, including hospital, retail, long-term care, corrections, and home infusion pharmacy. Bill's vast array of proficiencies within the profession will serve the Board well. Bill has been chosen to replace Amy on the Facilities and Operations Committee.

To fill the vacancy of vice chairperson, Chris Woodul has stepped up and accepted this honor.

The current makeup of the Board is:

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

The Board currently has one vacancy for a public member. If you are, or if you know, a candidate who you feel would make a good public Board member, please submit the required information to Governor Susana Martinez' website at *www.governor.state.nm.us/ApplyForBoards.aspx*. When you meet current or past Board members, please thank them for their work in protecting the public.

Cristy Wade has left the Board. Cristy worked at the Board as the prescription monitoring program (PMP) specialist and was a liaison between the New Mexico Department of Health and the Board. Cristy also participated in many outreach programs and helped to move the PMP forward in many ways. Because of funding issues, this position was temporarily lost. Hopefully in the future, the Board will again employ a PMP specialist.

The Board also has been without a PMP director. This position was recently filled by Peter Ryba. Peter graduated from the University of Florida in 2009 with a bachelor of science degree in biology, followed by a PharmD from the University of New Mexico College of Pharmacy in 2013. He has experience with retail pharmacy, mail-order pharmacy, and most recently, health plan administration. Peter is excited to start his career with the Board and have a positive impact on the community.

2018 Pharmacy Law Update Schedule

Please contact the Board to reserve your space for a Board-sponsored law update. To reserve, you may contact the Board at 505/222-9830 or send an email to yvette.tenorio2@state.nm.us. In 2018, one law update will be held each month in the Albuquerque, NM area. The Board's Albuquerque-area law updates will be held at no cost at the Board office. The scheduled time for the law update is from 2 PM to 4 PM. All of the Board-sponsored Albuquerque-area law updates fall on the first Friday of the month. The law updates held at the Board office are not accredited with the Accreditation Council for Pharmacy Education (ACPE). If you wish to attend an ACPE-accredited law update, each year the New Mexico Pharmacists Association (NMPhA) and the New Mexico Society of Health-Systems Pharmacists (NMSHP) offer them during their conventions. Please contact the organizations directly to reserve a space or for more information. Their respective websites are *www.nmpharmacy.org* and *www.nmshp.org*. Please note that the dates and times for the NMPhA- or NMSHP-sponsored law updates vary.

The following Albuquerque-area law updates are currently scheduled for 2018:

- January 5, 2018
- February 2, 2018
- March 2, 2018
- April 6, 2018
- May 4, 2018
- June 1, 2018
- July 6, 2018
- August 3, 2018
- September 7, 2018
- October 5, 2018
- November 2, 2018
- December 7, 2018

Board inspectors will also hold law updates outside of the Albuquerque area. Please contact the Board at 505/222-9830 or send an email to yvette.tenorio2@state.nm.us to register and reserve your spot. Board-sponsored pharmacy law updates will generally be held on a Tuesday from 7-9 PM. The **exceptions** are on **Wednesday, November 7, 2018, in Carlsbad, NM,** and **Wednesday, December 5, 2018, in Las Cruces.** Contact the Board for more information, if necessary.

The following out-of-Albuquerque law updates are scheduled for 2018:

- **February 6, 2018**
  Eastern New Mexico University-Roswell Occupational Technology Center
  20 W Mathis
  Roswell, NM 88203
- **March 6, 2018**
  Gila Regional Medical Center
  1313 E 32nd St
  Silver City, NM 88061
- **March 20, 2018**
  Presbyterian Espanola Hospital
  1010 Spruce St
  Espanola, NM 87532
- **April 3, 2018**
  Rehoboth McKinley Christian Health Care Services
  1901 Redrock Dr
  Gallup, NM 87301
- **May 1, 2018**
  San Juan College
  4601 College Blvd
  Farmington, NM 87401
- **May 15, 2018**
  Longterm Miner's Colfax Medical Center
  900 S 6th St
  Raton, NM 87740
- **July 24, 2018**
  Gerald Champion Regional Medical Center
  2669 Scenic Dr
  Alamogordo, NM 88310

continued on page 5

continued from page 4

- **November 7, 2018 (Wednesday)**
  Carlsbad Medical Center
  2430 W Pierce Street
  Carlsbad, NM 88220
- **December 4, 2018**
  Memorial Medical Center
  2450 S Telshor Blvd
  Las Cruces, NM 88011
- **December 5, 2018 (Wednesday)**
  Mountain View Regional Medical Center
  4311 E Lohman Ave
  Las Cruces, NM 88011

2018 Board Meeting Dates

The 2018 Board meeting schedule is as follows:

- Thursday, January 25 to Friday, January 26, 2018
- Thursday, April 19 to Friday, April 20, 2018
- Monday, June 25 to Tuesday, June 26, 2018
- Thursday, August 23 to Friday, August 24, 2018
- Thursday, October 25 to Friday, October 26, 2018

All meetings are scheduled to be held at the Board office in Albuquerque. Meetings begin at 9 AM. The agendas are posted on the Board's website. The agenda for each meeting must be posted at least 72 hours prior to the meeting. Board meetings are open to the public. If a regulation hearing is scheduled, information regarding the hearing must be posted 30 days prior to the Board meeting. Regulations will be posted on the Board's website under the Hearing Notices link.

Disciplinary Actions

Colin A. Forde, DDS – License CS-217014. Board signed an order reinstating controlled substances registration.

Jeffery Grothaus, RPh – License RP-5536. Settlement agreement. Respondent entered into a settlement agreement in November 2016 with the Minnesota Board of Pharmacy. Respondent will not reapply as a pharmacist in New Mexico until Minnesota issues are resolved and obligations under Minnesota agreement are completed in full.

Harriet James, CNP – License CS-207595. Board signed an order reinstating controlled substances registration.

Jose Morgan, PT – License PT-10822. Respondent's pharmacy technician license revoked by default. Must pay costs of investigation in amount of $100.

Amber Otero, PT – License PT-9052. Respondent's pharmacy technician license revoked by default. Must pay costs of investigation in amount of $375.

Norma (Guerrero) Ramirez, PT – License PT-2263. Respondent's license revoked by default. Must pay a fine of $100.

Marissa Zamora, RPh – License RP-8572. Stipulated agreement. Misfilled prescription. Respondent on probation for six months. Must pay a fine and investigative costs of $800. Must complete continuing education on error reduction.

Reminders

- The New Mexico Poison Control Number is 800/222-1222.
- 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.
- The official effective date for United States Pharmacopeia (USP) Chapter <800> has been postponed. USP has announced that it will delay the official implementation date of USP Chapter <800> until December 1, 2019. At this time, USP also hopes to release the official revised edition of USP Chapter <797>. 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*.
- Information regarding naloxone is available on the Board's 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 Thursday and Friday, January 25-26, 2018. The agenda is posted on the Board's website at least 72 hours prior to the beginning of the meeting. Meetings are open to the public. If a regulation hearing is on the agenda, the notice to the public must be posted on the agenda at least 30 days prior to the hearing. The notice to the public will provide the proposed changes.
- The Board has Regulation 16.19.34 New Mexico Administrative Code. This regulation is named Prescription Drug Donations. Following this regulation, a participating practitioner may redistribute an eligible drug from a donor to another recipient, thus allowing treatment for a patient who may not be able to afford the costs of a treatment regimen or who has other issues preventing the prescribing of a medication. This is something to consider to provide better patient care in the clinics with whom you may consult.

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.

Ben Kesner - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Amy Suhajda - Communications Manager