October 2017

Oklahoma State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

2920 N Lincoln Blvd, Suite A • Oklahoma City, OK 73105-3488

50-Year Pharmacists Honored

A reception was hosted by the Oklahoma State Board of Pharmacy on August 22, 2017, in honor of the recipients of the 2017 Fifty Year Gold Certificate Award (see award recipients pictured below). Forty-seven Oklahoma pharmacists achieved 50 years of service to the profession of pharmacy and received the award in appreciation of their service.

Pictured left to right: Board President Justin Wilson and 50-Year Recipients David Pittman, Mary Buckner, Dick Winn, Mary Springsteen, Carlos Newcomb, Chiquita Hansen, R. Allen Martin, and Carey Sherman.

Board Member James Spoon Appointed for Second Term

James Spoon, DPh, of Sand Springs, OK, has been appointed for a second consecutive five-year term, beginning July 1, 2017, and ending June 30, 2022. Dr Spoon was previously appointed for a term from July 1, 2012, to June 30, 2017. Dr Spoon is the owner of several pharmacies in the Sand Springs and Tulsa, OK area.

From the Inspector's Desk

- **17.24. Transfer of CDS Prescriptions on Hold:** Title 21 of the Code of Federal Regulations §1306.25(A) allows that the "transfer of original prescription information for a controlled substance listed in Schedule III, IV, or V for the purpose of refill dispensing is permissible between pharmacies on a one-time basis only. However, pharmacies electronically sharing a real-time, online database may transfer up to the maximum refills permitted by law and the prescriber's authorization." There was conflicting data on how to handle those controlled dangerous substance (CDS) prescriptions on hold and not originally filled. Drug Enforcement Administration (DEA) has clarified the rule and allows the transfer of unfilled, electronically prescribed CDS prescriptions (Schedule II-V) from one DEA-registered pharmacy to another.
- **17.25. Exam Misconduct:** Pharmacy licensure exams are used to certify that a professional is competent to practice as a pharmacist. When a person registers for the North American Pharmacist Licensure Examination® (NAPLEX®) or Multistate Pharmacy Jurisprudence Examination® (MPJE®), he or she signs a non-disclosure agreement to keep exam questions confidential. No one may copy or re-create exam questions for any reason. This includes clarification, researching answers, etc. If a test is compromised, it can result in the suspension of the examination for potential licensees. There are consequences associated with NAPLEX or MPJE misconduct that may include forfeiture of exam fees, termination of current exam, and notification to boards of pharmacy and local law enforcement, or inability to register for subsequent exams. A 2007 case in Georgia against a professor using test questions to teach a prep course resulted in a $300,000 settlement in favor of the National Association of Boards of Pharmacy®. The Board supports the non-disclosure agreements and will take disciplinary actions if a violation occurs.
- **17.26. Texting and Email to Communicate Prescriptions:** A valid prescription is an order for drug or medical supplies received in a written, verbal, fax, or electronically prescribed format by a licensed prescriber. Text messages and personal emails are not valid ways to receive prescriptions. Prescriptions received via text message or email are invalid and may violate Health Insurance Portability and Accountability Act regulations.
- **17.27. Controlled Substances Ordering System (CSOS) Sharing:** CSOS ordering has many advantages such as saving time, decreasing order errors, and no line item

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.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.*

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limitation. The CSOS certificates are issued by DEA and entrusted to an individual user, not the actual pharmacy. The pharmacy designates who can place orders for CDS medications, and each person must have a power of attorney form on file in the pharmacy. The power of attorney allows those people to be granted their own CSOS certificate. You cannot under any circumstance share your CSOS certificate with anyone else. If a CSOS certificate is lost, stolen, or damaged, you must contact DEA Diversion E-Commerce Support immediately. You can find reporting information about your CSOS certificate at *https://www.deaecom.gov/cda-docs/help.asp*. A sample power of attorney form can be found on the Board website.

- **17.28. Naloxone:** Effective November 1, 2017, House Bill (HB) 2039 grants pharmacists the authority to prescribe and dispense naloxone. Naloxone must be dispensed by or under the direct supervision of a pharmacist, and no dispensing protocol is required.
- **17.29. Maintenance Medications:** Effective November 1, 2017, HB 2039 also gives pharmacists the right to use professional judgment when dispensing and refilling maintenance medications. Pharmacists are allowed to vary quantities per fill when refills are authorized by a prescriber. A pharmacist may dispense up to a 90-day supply of a nonscheduled medication. Any CDS or other medication that requires prescription monitoring program reporting is prohibited.
- **17.30. CDS Prescriptions:** Schedule II prescriptions are valid for 30 days. Day 1 begins the first day after the date of issuance and becomes void 30 days later. Schedule III-V prescriptions are valid for six months. This is determined by the month and date, eg, a prescription written on August 1, 2017, is valid until February 1, 2018. Computer systems prepopulating an automatic 180-day expiration may cause a violation of the rules and potential insurance recoupment.
- **17.31. Theft:** The Board must be notified of any theft. If there is a loss or theft of CDS medications, a DEA Form 106 must be completed and submitted to DEA, Oklahoma Bureau of Narcotics and Dangerous Drugs, and the Board. Notification is required, regardless of the cause of loss. Lack of evidence or proof is no reason to not report a theft or loss.

Disciplinary Actions

For more information, you may view hearing minutes at *http://ok.gov/pharmacy/Board/Minutes/index.html*.

17.32. June 28, 2017 Board Hearing

Debra Mumford, Technician #21829 – Case No. 1463: Admitted to guilt on four counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Lisa Prager, Technician #11559 – Case No. 1464: Admitted to guilt on four counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Distinguished Pharmacy, #99-7653 – Case No. 1468: Found guilty on four counts including failing to have a pharmacist-in-charge (PIC) who is licensed by the Board; failing to conduct business at all times in conformity with all federal, state, and municipal laws; and interfering with, refusing to participate in, impeding, or otherwise obstructing any inspection, investigation, or disciplinary proceeding authorized by the Oklahoma Pharmacy Act. **Revoked.**

17.33. August 30, 2017 Board Hearing

Stacy Russell, Technician #12624 – Case No. 1465: Neither admits nor denies guilt on three counts including committing theft while working as a registrant. **Revoked.**

Marley Drug, #99-7152 – Case No. 1466: Admitted to guilt on four counts including failing to make application and receive an annual nonresident pharmacy license; failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice of operation; and selling at retail, or offering for sale, dangerous drugs, medicines, chemicals, or poisons for the treatment of disease or accepting prescriptions for the same without first procuring a license from the Board. **$7,600 fine.**

Robert Brent Clevenger, DPh #17326 – Case No. 1467: Admitted to guilt on four counts including failing to make application and receive an annual nonresident pharmacy license; failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice of operation; and selling at retail, or offering for sale, dangerous drugs, medicines, chemicals, or poisons for the treatment of disease or accepting prescriptions for the same without first procuring a license from the Board. **$900 fine.**

Wellston Clinic Pharmacy, #31-5799 – Case No. 1471: Admitted to guilt on 149 counts including failing to establish and maintain effective controls against the diversion of drugs; failing to provide effective controls and procedures to guard against theft and diversion of CDS; and failing to conduct business at all times in conformity with all federal, state, and municipal laws. **$14,900 fine. Respondent's license is placed on probation for four years from October 1, 2017, until October 1, 2021. Respondent's PIC shall work inside the pharmacy no fewer than 24 hours per week during probation. Respondent must do a perpetual inventory on all CDS and actual on-hand counts of oxycodone-containing products, hydrocodone-containing products, Adderall®, alprazolam, and carisoprodol every two weeks for one year. Only a pharmacist shall have access to and can order Schedule II drugs.**

Katherine Sisney Dossey, DPh #10322 – Case No. 1472: Admitted to guilt on 149 counts including failing to establish and maintain effective controls against the diversion of drugs; failing to provide effective controls and procedures to guard against theft and diversion of CDS; and failing to conduct business at all times in conformity with all federal, state, and municipal laws. **Suspended for 30 days from October 1 through October 30, 2017. Beginning October 31, 2017, respondent's license is placed on probation for four years until October 31, 2021. Respondent shall not work as a PIC from October 1, 2017, until October 1, 2018. Respondent shall attend**

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a one-day (eight-hour) law seminar in addition to 15 hours of required continuing education (CE) in the calendar years of 2017, 2018, 2019, 2020, and 2021 for a total of 23 hours of CE each year. All CE required to renew her license shall be live during the calendar years 2017, 2018, 2019, 2020, and 2021.

Deborah Lauren Whitten, Technician #14756 – Case No. 1473: Admitted to guilt on three counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Christopher James Hennan, Technician #9752 – Case No. 1474: Admitted to guilt on four counts including abusing alcohol or drugs, using an illegal CDS, and/or testing positive for such substance or its metabolite. **Revoked.**

Impaired Pharmacist #15148 – Case No. 1476: Admitted to guilt on five counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Suspended for one year until August 30, 2018. Respondent must continue his contract with Oklahoma Pharmacists Helping Pharmacists (OPHP). After August 30, 2018, respondent may request that the suspension be stayed and placed on probation. Respondent shall attend a one-day (eight-hour) law seminar in addition to 15 hours of required CE in the calendar years of 2017 and 2018 for a total of 23 hours of CE each year. All CE required to renew his license shall be live during the calendar year 2017.**

Calendar Notes

The Board will meet on **Wednesday, November 29, 2017.** The Board will be closed **Friday, November 10** for Veterans' Day; **Thursday and Friday, November 23-24** for Thanksgiving; **Monday and Tuesday, December 25-26** for Christmas; and **Monday, January 1, 2018,** for New Year's Day. Future Board dates will be available at *www.pharmacy.ok.gov* and will be noted in the January *Newsletter.*

Change of Address or Employment?

Please be diligent in keeping your information up to date and if possible, remind your coworkers and employees. This continues to be an ongoing problem, and failure to notify the Board is a violation of Oklahoma pharmacy law. **All pharmacists, technicians, and interns must notify the Board in writing within 10 days of a change of address or employment.** Online updates through the license renewal page are also accepted as official notification.

Special Notice About the Newsletter

The *Oklahoma State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. The Board encourages you to keep them for future reference.

Oklahoma Pharmacists Helping Pharmacists

If you or a pharmacist you care about is suffering from chemical dependency, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP help-line at 1-800/260-7574 ext. 5773. All calls are confidential.

"This publication is issued by the Oklahoma State Board of Pharmacy as authorized by Title 59 O.S. 353.7. Copies have not been printed but are available through the agency website."

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Susan Dozal - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor

Amy Suhajda - Communications Manager