April 2020

Oklahoma State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Editor's Note: *The content of the Oklahoma State Board of Pharmacy's Newsletter was finalized prior to the coronavirus disease 2019 (COVID-19) outbreak. Licensees should check the Board's website for the most up-to-date information.*

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20.05 New Compliance Officer for Western Oklahoma – Darrell Switzer

Darrell grew up on a farm outside of Leedey, OK. He graduated in 2002 from Oklahoma State University with a degree in biochemistry and molecular biology. He then went on to graduate from the University of Oklahoma College of Pharmacy in 2006. He is married with two children and previously worked as a pharmacy manager for a retail chain pharmacy in Elk City, OK. Darrell is very excited to begin his new role as a compliance officer for the Board. He can be reached by phone at 405/564-2334 or via email at dswitzer@pharmacy.ok.gov.

20.06 Clarification of the Board's Notification Requirement

All licensees and registrants are required to notify the Board of any change in address, phone number, employment, etc. Although the online renewal system allows changes to be entered for pharmacists and technicians, this is **not** considered an official notification. In order to satisfy this requirement, the notification must be submitted in writing by fax, email, or mailed within 10 days of the change. Emails may be sent to pharmacy@pharmacy.ok.gov and faxes should be sent to 405/521-3758.

20.07 Changes to Payment Methods Beginning January 1, 2021

Beginning January 1, 2021, the Board office will only accept credit card payments made through its online store. The Board will no longer accept any form of payment in the office or via mail.

20.08 Oklahoma Tax Commission Holds

If you receive a letter from the Oklahoma Tax Commission (OTC), the Board strongly encourages you not to disregard it. If the OTC places a hold on your license, you will not be able to renew your license. Once the OTC notifies our office that you are in compliance, it will take the online system overnight to update and allow you to renew, and you will be subject to any late fees/reinstatement fees assessed during that time.

20.09 Technicians and Interns Required to Submit ID With Application

All new applications for technicians and interns must be accompanied by a state or federal ID. It does not have

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National Pharmacy Compliance News

April 2020

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.

President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the "third wave" of the opioid crisis, as detailed in the October 2019 issue of *Innovations*® (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy®'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the "primary driver" of the current opioid crisis, according to the report.

"Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States," a DEA press release states. "As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States."

Drug-Resistant Infections Are Increasing

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. "More action is needed to fully protect people," the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the CDC website.

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain:*

Developing the Evidence, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

"We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research in a statement. "However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA's efforts to address the opioid crisis must focus on encouraging 'right size' prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids."

FDA will next consider the recommendations included in the report as part of the agency's efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the NASEM website.

New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients' medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients' perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

"Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety," said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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to be a color copy as long as it is legible. Any application received without the proper attachments will be returned by the Board office.

20.10 From the Inspector's Desk

Consulting With Patients

When you have to inform a patient that you cannot or will not fill his or her prescription, the Board asks that you do not use the phrase "this is because of state law," if/when in fact it is because of pharmacy policy and procedures. When you use this phrase, it creates extra phone calls to the Board from patients inquiring whether this is in fact the law or not.

20.11 CE Requirements

A recent continuing education (CE) audit of several pharmacists indicated they are not reporting their CE correctly. **You must obtain 15 hours of CE between January 1 and December 31 (each calendar year).** When you renew your license, you will report CE obtained in the previous calendar year of which you are reporting. If you are short on hours when it is time to renew, you must self-report to the Board, which means notifying the Board office either by phone or in writing. You will be advised on how to handle the situation.

20.12 Faxing CDS Prescriptions on the New OBNDD Prescription Pads

A prescriber can fax a Schedule III-V prescription that has been written on an Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) prescription pad. Depending on the technology that is utilized to fax the prescription, the prescription may say "VOID" all over it. It is okay to fill a prescription with "VOID" on it, provided that you can still read the prescription(s) accurately. On faxed Schedule II prescriptions, you can utilize the fax as the original if it is for specific patients such as those:

- being treated for pain by a home infusion pharmacy;
- in a long-term care facility; or
- in a hospice program certified by Medicare under Title XVIII or licensed by the state.

Keep in mind that faxed controlled dangerous substance (CDS) prescriptions must come from the prescribing practitioner's office. If they do not come from the prescribing practitioner's office, the original must be presented at the time any CDS is dispensed for Schedule II prescriptions. For Schedule III-V prescriptions, the pharmacy will need to verify the prescription with the prescriber.

20.13 New DEA Form 222

There is a new single-sheet DEA Form 222 that is in use now. The Board has put an example of the form and the instructions on how to execute these forms on the website. When you act as a "drug supplier" or are utilizing a form for the return of out-of-date drugs to a reverse distributor, you will no longer mail in a copy of the DEA Form 222. You are now required to email the form to dea.orderforms@usdoj.gov.

Completion of DEA 222 e-Forms for CSOS

When using the Controlled Substance Ordering System (CSOS) to order Schedule II prescriptions, it is important to remember to go back into CSOS, upon receiving the order, and complete the DEA Form 222. This is no different than when the paper (single or triplicate) form is used. Everything must be filled out correctly with the quantity and date received. Drug Enforcement Administration (DEA) said it is seeing uncompleted CSOS records in the hundreds at certain pharmacies, which could lead to fines.

Also, DEA, upon inspection, will look at DEA Form 222 for Schedule II inventory and will look at wholesaler invoices for Schedule III-V. If you keep the DEA Form 222 on the computer, make sure it is accessible upon inspection, or please print and file with the Schedule II invoices. Reference:

PART 1305 — ORDERS FOR SCHEDULE I AND II CONTROLLED SUBSTANCES

Subpart B — DEA FORM 222

§1305.13 Procedure for filling DEA Forms 222.

(e) The purchaser must record on its copy of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser.

20.14 Disciplinary Actions

January 2020

America First Pharmacies, Inc, #99-8126 – Case 1572: Fine is stayed pending compliance of agreed order. If agreed order is violated or respondent reinstates license, the fine is immediately due. Respondent is found guilty on all six counts including furnishing by the applicant or registrant of fictitious, false, misleading, or fraudulent material in any application (original, new, or renewal), or failing to provide information relevant to application. **Revoked. Fined $21,000.**

RxCompoundingStore.com, LLC, #99-8305 – Case 1573: Respondent is prohibited from shipping into Oklahoma until having a licensed Oklahoma pharmacist-in-charge (PIC). Respondent neither admits nor denies guilt on all 27 counts, including not submitting on initial licensure the name and license number of an Oklahoma-licensed PIC who is responsible for the nonresident pharmacy's compliance with Oklahoma laws. **Fined $10,200.**

SinfoniaRx, Inc, #99-8494 – Case 1574: Respondent is prohibited from providing services to Oklahoma until having an Oklahoma-licensed PIC. Respondent neither

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admits nor denies guilt on two counts, including not submitting on initial licensure the name and license number of an Oklahoma-licensed PIC who is responsible for the nonresident pharmacy's compliance with Oklahoma laws. **Fined $5,000.**

Cambria Ore, Technician #13905 – Case No. 1575: Guilty on six counts including theft of CDS. **Revoked.**

Robin Prescott, Technician #18941 – Case No. 1576: Guilty on four counts including theft of CDS. **Revoked.**

Impaired Pharmacist, #16132 – Case No. 1578: Respondent shall attend an eight-hour law seminar in addition to the required 15 hours of CE during the calendar years of 2020 and 2021. All CE hours for 2020 and 2021 must be live. Respondent has entered into a 10-year contract with Oklahoma Pharmacists Helping Pharmacists (OPHP). Respondent's suspension is stayed on the specific condition that during the entire 10-year suspension she remain compliant with all terms of her OPHP contract. Respondent neither admits nor denies guilt on all 27 counts, including it being unlawful for any person knowingly or intentionally to possess a CDS unless such substance was obtained directly or pursuant to a valid prescription or order from a practitioner while acting in the course of his or her professional practice.

Calendar Notes

- **Upcoming Holidays:** The Board office will be closed on May 25, 2020, for Memorial Day.
- **Upcoming Board Meetings:** The Board is scheduled to meet on May 20, 2020, and July 15, 2020. All meetings begin at 8:30 AM.

Change of Address or Employment?

Please be diligent in keeping your information up to date and if possible, remind your coworkers and employees. 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. [74 O.S. §3105 and 65 O.S. §3-114]

The *Oklahoma State Board of Pharmacy News* is published by the Oklahoma 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.

Marty Hendrick, PharmD, DPh - Executive Director
Brittany Parrott - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Amy Sanchez - Communications Manager