



Oregon State Board of Pharmacy

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No. 587 Board Member News

The Oregon State Board of Pharmacy welcomes Pharmacist Shannon Larson to the Board as its newest member. Shannon was appointed by Governor Kate Brown and confirmed by the Legislative Senate Rules Committee. Her appointment began July 1, 2017, and runs through June 30, 2021. Shannon is a 2008 PharmD graduate of Oregon State University College of Pharmacy. She currently works as a staff pharmacist at Safeway Pharmacy in Newberg, OR. Shannon's work experience since receiving her license in 2008 has primarily been in the community-based retail setting, including a few years in a compounding pharmacy. Shannon is excited to advocate for patients and to be serving on the Board.

No. 588 Advocate for Pharmacy and Be an Immunization Champion

By Suidi Hassan, 2018 PharmD Candidate, Pacific University School of Pharmacy

The job description for a pharmacist is continuously expanding, and administering immunizations is one area where pharmacists play a key role in public health. It is vital for pharmacists and pharmacy interns, especially in the community setting, to be an advocate not only for their profession, but also for their patients by actively promoting immunizations. By becoming ALERT IIS savvy and implementing evidence-based interventions, pharmacists can have a greater impact in reducing the burden of vaccine-preventable diseases. Three areas where retail pharmacists can be an influence include travel medicine, adolescent vaccinations, and maternal vaccinations.

ALERT IIS: Ready Access to Patients' Immunization Records

As pharmacists who vaccinate routinely, we use ALERT IIS (Oregon's statewide immunization information system) to look up patients' complete immunization records. However, for some of us, it may

have been several months since we needed to look up an immunization record. Those who log on to ALERT IIS less frequently than every 90 days will be locked out due to inactivity. If you find yourself in this situation, your account may be reactivated by notifying your organization's designated ALERT IIS super user or contacting the ALERT IIS help desk at 1-800/980-9431. You can avoid the wait involved in getting your user account reactivated by logging on at least once every two months.

Yellow Fever Vaccine: How to Find Stamaril Clinics During the YF-Vax Shortage

Yellow fever is a serious disease caused by a virus transmitted through mosquito bites and is generally found in the tropical areas of South America and Africa. Individuals aged nine months to 59 years who are traveling to yellow fever endemic regions should receive the yellow fever immunization, which is a live vaccine administered as a single dose at least 10 days before departure.

The yellow fever vaccine, known as YF-Vax[®], is a travel immunization that allows pharmacists who administer it to play a role in travel medicine. Because of this vaccine's unique characteristics (ie, adverse effects), pharmacists who would like to administer it must complete specialized vaccine training and apply for a Uniform Stamp. This Uniform Stamp will in turn allow the authorized pharmacist to officially sign off on a traveler's International Certificate of Vaccination.

Stamaril[®] is an alternative to YF-Vax and is indicated for yellow fever immunization. According to Sanofi, the manufacturer of both vaccines, there is currently a YF-Vax shortage until mid-2018. Therefore, Stamaril is available at specific clinics approved by the Centers for Disease Control and Prevention (CDC). Providers and patients can use a map, found on the CDC website, to determine which sites (by state) carry the Stamaril vaccine. The list of Oregon clinics carrying Stamaril may be found at <https://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/state/oregon>.

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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_xE®.

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,

News to a particular state or jurisdiction can only be ascertained such state or jurisdiction.

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/dhbsp/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/dhbsp/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.

HPV Vaccine in Retail Pharmacy: Tips on Counseling Patients, Empowering Pharmacists

According to CDC, about 31,000 men and women are diagnosed each year with a cancer that was caused by human papillomavirus (HPV) and preventable by receiving the HPV vaccine. The immunization rates for HPV vaccination in Oregon are consistently lower than other vaccinations for the state's adolescent population (ages 13-17). Oregon adolescent immunization rates by county may be found at www.oregon.gov/oha/PH/preventionwellness/vaccinesimmunization/Documents/RatesAdol17.pdf.

Pharmacists are one of the most trusted and accessible health care professionals. Because of their convenient hours and ability to administer immunizations without an appointment, pharmacists in the retail setting can play a major role in increasing the rates for HPV vaccination. The following are some tips to help you in counseling your patients and empowering yourself, as well as your fellow pharmacists, to recommend the vaccine to patients:

- ◆ As a pharmacist, understand that when you recommend an HPV vaccine to your patient, you are making a positive impact in the prevention of cancer.
- ◆ Target back-to-school time and advertise all adolescent vaccines together. In other words, recommend the HPV vaccine on the **same day** and in the **same way** you would recommend Tdap (tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis), MCV4 (meningococcal conjugate), and flu immunizations.
- ◆ Empower all pharmacy staff members to educate themselves on the importance of HPV vaccination. This way, pharmacists and pharmacy interns can confidently initiate the conversation about HPV and address any questions patients may have. Pharmacy staff can also regularly check ALERT IIS and remind patients to come back for subsequent immunizations.
- ◆ While counseling on HPV, acknowledge patient/parent concerns with empathy. By making a strong personal recommendation that resonates with patients emotionally, you can emphasize the importance of cancer prevention and provide scientific facts to support your recommendation.
- ◆ Oregon pharmacists have the privilege of prescribing birth control. Therefore, you can use the contraceptive counseling session as an opportunity to bring up sexually transmitted diseases and the HPV vaccine. There is a plethora of credible information available online (eg, the CDC website) and you should direct your patients to these resources if they want additional information.

When You Hear 'Pregnancy,' Think Pertussis and Recommend the Tdap Vaccine

As a pharmacist or pharmacy intern, you have a responsibility to assess the immunization status of your pregnant patients and strongly encourage them to receive a Tdap vaccine. It is recommended by both CDC and the

American College of Obstetricians and Gynecologists that these patients receive the vaccine early in their third trimester, during weeks 27-36, to protect both the mother and the newborn from pertussis (whooping cough).

Pertussis is a deadly disease, and many pertussis deaths occur before the newborn is three months of age. Because newborns do not receive their diphtheria, tetanus, and pertussis vaccine (DTaP) until they are two months old, it is vital that the mother is immunized so the baby can build up immunity from the mother's antibodies. When counseling these patients, it is imperative that we emphasize that the Tdap vaccine is safe and should be administered during **each** pregnancy because the protective antibodies have the greatest effect two weeks after the vaccination. Lastly, you should recommend that family members and caregivers who will be around the newborn stay up to date on their vaccinations to increase the baby's protection against pertussis.

Pharmacists are valuable public health partners in protecting Oregonians by promoting and administering immunizations. Pharmacists in the community can make an impact in public health by being vaccine advocates and counseling their patients on why vaccines matter. Lastly, pharmacists and pharmacy students should feel empowered to educate their patients about how immunizations fight against vaccine-preventable diseases and be able to confidently make strong evidence-based interventions.

No. 589: 2017 Legislative Session Briefs

By Kelly Nguyen, 2018 PharmD Candidate, Oregon State University College of Pharmacy

House Bill (HB) 3440 – Effective October 6, 2017, Oregon pharmacists may prescribe naloxone to an entity or an individual seeking naloxone without special training requirements. Previously, an individual could only obtain naloxone if he or she conducted training or had successfully completed training established by the Oregon Health Authority (OHA) to possess and administer naloxone. The new HB 3440, signed into law on August 8, 2017, increases access to naloxone by removing all previous OHA training mandates.

HB 2527 – In 2015, the Oregon Legislature authorized Oregon pharmacists to prescribe and dispense hormonal contraceptive patches and oral hormonal contraceptives to women aged 18 years and older. The latest update to this legislation was introduced in HB 2527, which was signed into law on June 14, 2017. Under this law, a trained pharmacist may prescribe and administer injectable hormonal contraceptives and prescribe and dispense self-administered hormonal contraceptives. These include injectable and vaginal ring contraceptive methods. These additional forms of hormonal contraception medications are eligible for pharmacists to prescribe effective January 1, 2018. A new training module related to depot medroxyprogesterone is available and must be completed prior to engaging in prescribing. The Standard Procedures Algorithm and Medical Eligibility Criteria for Contraceptive Use is being updated to reflect current changes.

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HB 2397 – On May 18, 2017, Governor Brown signed into law HB 2397, which expands the previous Public Health Advisory Committee and renames it the Public Health and Pharmacy Formulary Advisory Committee. This formulary advisory committee of allied health professionals includes two physicians, two advanced practice registered nurses who have prescriptive authority, and three pharmacists. Under the law, the committee may recommend a formulary of post-diagnostic drugs or devices for the Board to adopt by rule. In addition, the committee may recommend specific statewide protocols to adopt by rule. The Board reviewed applicants to be recommended to the governor for appointment at the Board's October 11, 2017 meeting. The committee is expected to convene sometime in the beginning of 2018.

No. 590 CPT Reminder – CE

Certified Oregon pharmacy technician (CPT) licenses will expire on June 30, 2018. CPTs must now complete 20 hours of continuing education (CE) during the period of July 1, 2016, to June 30, 2018. You can find additional information regarding CPT biennial licensure and CE

requirements at http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_025.html.

Important note: The Board performs random CE audits for every renewal cycle. If selected, you will be required to provide proof of CE completed between the dates of July 1, 2016, and June 30, 2018, and prior to submitting your license renewal. If you are audited and it is found that you did not complete the required CE, you will be subject to disciplinary action. Please be sure to contact Board staff if you need clarification.

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