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News

SC Department of Labor, Licensing, & Regulation – Board of Pharmacy

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Thank You

With the onset of coronavirus disease 2019 (COVID-19), this state has seen the pharmacy profession step up to meet the challenge. From pharmacists, to technicians, to interns, to supply chains, all of you showed up strong. While this pandemic has brought uncertainty and fear, the South Carolina Department of Labor, Licensing, & Regulation – Board of Pharmacy would like to thank each of you for being the frontline heroes.

2020-2021 Technician Renewals – Updated Renewal Deadline

Renewal notices for registered and state-certified pharmacy technicians are open! As a result of the state of emergency issued due to COVID-19, renewals for 2020-2021 will be extended through September 30, 2020.

If you validated your email address with the Board, you can complete the online renewal process. To access your renewal online, you will need your user ID and password. The email renewal notice contains a link that will allow you to reset your user ID and password. To make the process smoother for all, please make sure your correct email is on file with the Board.

If you do not know your password, visit *eservice .llr.sc.gov/SSO/Login/RecoverPass* to change it.

To change your email address, send a request to contact .pharmacy@llr.sc.gov. Please allow 24 hours for updates.

If you choose not to renew online, you may request a paper renewal from the Board office and renew by mailing in the completed form and proper fees. Applications for renewal must be filed by September 30, 2020, in order to avoid penalty. Beginning October 1, 2020, a penalty will apply. If you do not renew online, please document the date the application is mailed. The Board recommends that the paper renewal be sent via certified mail with a return receipt requested. Applications submitted for renewal after September 30, 2020, must include the renewal fee plus a renewal penalty, in addition to evidence that the applicant meets the renewal requirements.

Pharmacy technicians who do not renew prior to September 30, 2020, will be assessed penalties and cannot work as pharmacy technicians until a 2021 registration is in hand or disciplinary action may result.

NABP e-Profile ID

You must have a National Association of Boards of Pharmacy® (NABP®) e-Profile ID for CPE Monitor® to renew online. CPE Monitor is a service used to document and report your continuing pharmacy education (CPE) credits. You will be asked to provide the e-Profile ID number on the renewal form. To create an e-Profile ID, visit *www .nabp.pharmacy*. Click on "NABP e-Profile Login" at the top right side of the page, then select "Customers" and create a login. For common questions about creating an e-Profile or internet browser requirements, click on the Help link at the bottom of the NABP website.

If you are a state-certified pharmacy technician and your national certificate from the Pharmacy Technician Certification Board (PTCB) has expired, you must mail a copy of your current national certificate to the Board. Please remember that your national certification is different than your state pharmacy registration.

All Licensee Renewals and Continuing Education Extended

Because of COVID-19, all license and registration renewal deadlines for the Board have been extended until September 30, 2020. This includes all pharmacists, technicians, and facilities. In addition, timelines for all continuing education requirements have been extended until this same date. For the full statement from Director Emily Farr, please visit *llr.sc.gov/renewalupdates.*

Along with this, the Board has extended the CPR certification for immunizing pharmacists to match the September 30 renewal date. This may be different from

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National Pharmacy Compliance News

May 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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that of your employer, so please check with your employer as well.

For state-certified technicians, PTCB has extended the renewal deadline for those certificates that expire in March, April, or May 2020. Details are available at *www.ptcb.org/news/message-from-ptcb-executive-director-and-ceo-bill-schimmel-on-covid-19.*

Prescription Transfers

Board staff continues to receive calls from pharmacists who are concerned about prescription transfer request practices by competitors. The following is a brief summary of those concerns and recommended best practices.

1. **Delays in requested transfer:** This is the most frequently cited concern and ranges from excessively long hold times to flat out refusal to transfer prescriptions. As a reminder, patients have the right to select their pharmacy of choice. Interfering with this right is not only wrong but could result in interrupted drug therapy and patient harm.
   The common goal must be to put the patient's rights and health as the top priority. Pharmacists are expected to work together in a professional and cordial manner to ensure a timely and amicable prescription transfer process. Board staff notes an increase in complaints after there is a buyout of a pharmacy where little to no notice is given to patients. The pharmacy that receives the prescription files may get overwhelmed by prescription transfer requests. Unfortunately, this can lead to delays in the prescription transfer process. These pharmacies are expected to have adequate staff to handle all core functions of the pharmacy, including the capabilities of transferring prescriptions in a timely manner.
2. **Transfer requests without patient authorization:** Requesting the transfer of a prescription without authorization from the patient is prohibited and could result in discipline for unprofessional conduct.
3. **Transfer "everything" requests:** It is recommended that when requesting a transfer, it is done with specificity. In other words, request the specific drugs/prescription numbers that need to be transferred instead of a blanket "transfer everything" request. This is particularly important when a patient has an extensive prescription file history at his or her previous pharmacy. A blanket request has the potential to lead to patient harm (filling of discontinued therapies, etc) and can lead to inefficiencies for both parties in the transfer process.

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