



Utah Board of Pharmacy

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Utah 2020 General Session Legislative Pharmacy Update

By Keith Keddington, 2020 PharmD Candidate

Health care was a focus throughout the 2020 legislative session with bills addressing pharmacy benefits managers (PBMs), rising drug costs, electronic cigarettes, abortion, cannabis, and other health care needs. Below is a brief summary of some significant bills that directly impact the practice of pharmacy in the state of Utah.

Senate Bill (SB) 145: Pharmacy Practice Act Amendments

Chief Sponsor: Senator Evan Vickers

House Sponsor: Representative Suzanne Harrison

This bill allows for the dispensing of emergency use epinephrine auto-injector and/or albuterol inhaler, per a physician's standing order, to a qualifying adult. When dispensed, education must be provided regarding indications, side effects, and when to seek medical attention.

If a prescription quantity or dose does not match the manufacturer's packaging, the pharmacist may use professional judgment to dispense an appropriate quantity or dosage. Additionally, a pharmacist may substitute albuterol metered-dose inhalers that have the same drug concentration but use different delivery mechanisms, and thus are not considered AB-rated by Food and Drug Administration. This allows pharmacists to work in the best interest of the patient based on availability and cost, unless "dispense as written" is specified by the prescriber.

Emergency refills for non-controlled maintenance medications have been extended from 72 hours to up to 30 days. The pharmacy must verify that the prescription is needed, may only dispense the amount necessary for the emergency, and notify the provider as soon as possible.

Prescription devices may be prescribed and dispensed by a pharmacist per treatment protocols, including nebulizers,

spacers, or diabetes testing supplies. Controlled substances (CS) administered in a clinic or an outpatient care facility are exempt from reporting to the Utah Controlled Substance Database (CSD).

House Bill (HB) 272: Pharmacy Benefit Amendments

Chief Sponsor: Representative Paul Ray

Senate Sponsor: Senator Evan Vickers

This was a collaborative bill seeking to protect pharmacies and provide additional information to help curb the rising costs of drugs. It requires that PBMs administering direct and indirect remuneration fees give notice to a pharmacy of the fees within 30 days. A PBM may not reimburse a network pharmacy less than a PBM pharmacy affiliate or restrict mail-order or medication delivery services.

It allows pharmacists to disclose to patients the cost and coverage of prescription devices (nebulizers, spacers, or diabetes testing supplies) and prohibits a PBM from charging a patient more than the cost of the device.

This bill mandates specific reporting from PBMs, insurers, and manufacturers to the Utah Insurance Department that will be published in an annual report. The Department will establish rules and guidelines for that report, which will help guide future legislative decisions regarding drug costs.

A second PBM bill, **SB 138** sponsored by Senator Vickers, focused on PBM contracts specifically with 340B entities and their contracted pharmacies. It requires that PBMs reimburse 340B prescriptions at the same rate as they would non-340B medications.

HB 207: Insulin Access Amendments

Chief Sponsor: Representative Norm Thurston

Senate Sponsor: Senator Deidre Henderson

This bill creates an insulin discount program for state employees. It also requires a co-pay cap for insulin at no more than \$30 per month per prescription, unless the

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National Pharmacy Compliance News

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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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insurer waives deductibles and places insulin in the lowest-cost tier of medications. Additionally, this bill allows for emergency refills of insulin for up to a 60-day supply (30 days longer than the emergency refill policy passed in SB 145).

CS Bills

There were four significant bills passed regarding CS and the CSD.

◆ **SB 29:** Senator Daniel Thatcher

◇ Authorizes the state attorney general to start a program promoting the collection of CS prescriptions, including a list of local drug disposal sites and providing more home disposal devices for excess or unused prescriptions.

◆ **HB 25:** Representative Paul Ray

◇ Adds the synthetic cannabinoid 4F-MDMB-BINACA to the CSD list and adds a member from poison control and the forensics unit to the Controlled Substances Advisory Committee.

◆ **HB 177:** Representative Suzanne Harrison

◇ Beginning January 2022, all prescriptions for CS are to be electronic with some exceptions for Veterans Affairs pharmacies in the event of an electronic failure, long-term acute care facilities, and veterinarians.

◆ **HB 423:** Representative Brad Daw

◇ Allows technicians and interns to have access to CSD under the supervision of a pharmacist.

Inspection Forms

Would you like an inspection form to prepare for your next inspection? All pharmacy inspection forms are now available on the Pharmacy web page at dopl.utah.gov/pharm, by selecting Licensing on the left navigation bar, and then Additional Forms.

Advisory Pharmacy Compounding Education Committee

The Advisory Pharmacy Compounding Education Committee has been created in the Pharmacy Practice Act Rule in Section R156-17b-203. The committee is composed of seven members diversified between retail, hospital, rural pharmacy, and a physician. Per R156-17b-203, the committee's duties and responsibilities shall be to address pharmacy compounding issues including:

- (a) monitoring current and proposed federal standards and USP standards for pharmacy compounding;
- (b) reviewing and making recommendations regarding pharmacy compounding education and training;

(c) reviewing and making recommendations regarding pharmacy compounding laws and rules; and

(d) any other pharmacy compounding issues as assigned by the Division in collaboration with the Board.

The Advisory Pharmacy Compounding Education Committee held its first meeting electronically on March 26, 2020. The next scheduled meeting is June 25, 2020. If you have items you would like the committee to address, please email them to pharmacy@utah.gov.

Meet Board Member Gary Hale, RPh

Gary grew up in Idaho, Washington, Oklahoma, and Virginia. He is a third-generation pharmacy employee. His grandfather was a pharmacist and his mother worked at his grandfather's pharmacy in Idaho. Gary was a pharmacy technician in Virginia and in Utah before becoming a pharmacist. He graduated from the University of Utah College of Pharmacy in 1997. He worked at Lakeview Hospital and Albertsons as an intern. He enjoyed many rotations at various sites. He also worked for Shopko for 13 years before becoming the pharmacy manager at Costco for the last 10 years. He moonlights at Intermountain Pharmacy as well.

Gary is married to an accomplished pharmacy technician and has three wonderful adult children who do not want anything to do with pharmacy. In his free time, he enjoys playing sports like softball, volleyball, pickleball, and golf, and enjoys traveling. He is interested in emergency preparedness and is a member of the Davis County Medical Reserve Corps and Centerville Citizen Corps. He served eight years on the Utah Physicians Board as a public member and will draw upon that experience as a member of the Utah Board of Pharmacy. He is excited about the future of pharmacy and is grateful for the opportunity to serve the public and the profession of pharmacy in the great state of Utah.

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