July 2018

News

Washington State Pharmacy Quality Assurance Commission

Published to promote compliance of pharmacy and drug law

Dept. of Health • PO Box 47852 • Olympia, WA 98504-7852
www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PharmacyCommission.aspx

No. 1286 Intern Registration – Eligibility

Are you eligible for a pharmacy intern registration? A student **enrolled** in an accredited school or college of pharmacy meets the qualification for registration as a pharmacy intern. The Washington State Pharmacy Quality Assurance Commission accepts the definition of "enrolled" as provided by the schools and colleges of pharmacy to mean "a student who has accepted an offer of admission in writing **and** has made the appropriate deposit to the school or college of pharmacy, securing his or her admission position."

The intern registration status becomes inoperable when a pharmacy student takes a leave of absence or for whatever reason is no longer making progress toward graduation. Inoperable indicates the intern may not practice. Inoperable status is not the result of enforcement action. Once the Commission has processed the official notification of enrollment, the student may return to practice. See Commission procedures PQAC #54 and PQAC #36 for more information on intern registration.

No. 1287 Medication History and Reconciliation

By Commissioner K. Kenyon

A 2006 report from the Institute of Medicine demonstrated that as many as 50% of all medication errors and up to 20% of adverse drug events in the hospital setting occur as the result of poor communication or medical information at care transition points. Additionally, a collaborative report from the New England Health Institute on preventing medication errors found that preventable medication errors affect more than 7 million patients, totaling more than $21 billion annually across all care settings. In response to a growing body of literature regarding medication-related errors and adverse drug events, agencies such as the Institute for Healthcare Improvement, the Joint Commission, and others led a call to action to improve communication among patients, providers, and health care systems – making medication reconciliation an imperative patient safety goal, as well as a National Patient Safety Goal by the Joint Commission.

While there are a few iterations of the definition, medication reconciliation is the process of comparing a patient's current medications with the list in the patient's medical record or current medication orders to create and maintain the most complete and accurate list possible. The process includes:

- Developing a list of current medications and those to be prescribed;
- Comparing the list for accuracy;
- Determining clinical appropriateness of the patient's medication regimen; and
- Communicating the new list to the patient and appropriate care providers.

Medication reconciliation should be completed at each care transition.

Obtaining an accurate and detailed medication history is the essential foundation for effective medication reconciliation. The process of obtaining a comprehensive medication history should include a patient (or caregiver) interview inquiring about home medications, including over-the-counter products and supplements. As patients may not have a complete medication list, it is often necessary to contact several sources to gather the required information. This can be time-intensive and often requires a team approach. The Commission endorses the use of pharmacy technicians in helping obtain information to complete a patient's medication history for subsequent reconciliation. The Commission encourages all community pharmacies, health systems, and clinics to assist in providing this information when called upon.

No. 1288 New Inspection Process

The new process for pharmacy inspections started on March 1, 2018. Pharmacy inspections will now follow a notice of deficiency/plan of correction model, rather than the point-based classification previously used. Annual self-inspections must be completed in March. Self-inspections are also required within 30 days of naming a new pharmacist-in-charge. The Commission pharmacist investigators began conducting community pharmacy inspections based on the new process in April this year.

Visit the Commission's Inspections web page for more information on the new process. The web page includes all the self-inspection worksheets, training videos, and frequently asked questions. The Commission acknowledges there is a

Continued on page 4

National Pharmacy Compliance News

July 2018

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.

DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both "know their customer" and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at *www.dea.gov/divisions/hq/2018/hq021418.shtml.*

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- Medications and components (17%);
- Facilities and equipment (22%);
- Sterile compounding procedures (53%); and
- Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate's completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB's website at *www.ptcb.org.*

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA's amendments are available in a Federal Register notice titled "Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder" (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention's (CDC's) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the "CDC Training on Antibiotic Stewardship" is open now and can be accessed at *www.train.org/cdctrain/course/1075730/compilation*. Additional sections will be released throughout 2018. More information and resources about CDC's national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC's website at *www.cdc.gov/antibiotic-use/index.html.* CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

Walmart to Provide Free Solution to Dispose of Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that permanently dissolves when mixed with water and sequesters excess opioids and other

drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide. "This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers' medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug," said Pharmacy Clinical Services Manager for WalMart Health and Wellness and NABP Past President Jeanne D. Waggener, RPh, DPh. "We're not just making it easy for patients to safely dispose of their medications, but we're also helping prevent abuse before it starts." Additional information is provided in a January 17, 2018 news release titled "Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse."

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- Therapeutic innovation;
- Data, analytics, and technology;
- Business of pharmacy;
- Pharmacy and health-system leadership;
- Advanced pharmacy technician roles;
- Population health management;
- Public health imperatives; and
- Coping with uncertainty and chaos.

The 2018 report is available at *www.ajhp.org/content/75/2/23.*

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands displaying the USP Verified Mark signal to the public that "what's on their label is what's in the bottle." Health care practitioners can learn more about USP's efforts at *www.usp.org/dietary-supplements-herbal-medicines.*

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP's verification program for dietary supplements can be found at *www.usp.org/verification-services/program-participants.*

New CPE Monitor Subscription Plan Helps Pharmacists Track Compliance Via Mobile App

To help pharmacists easily monitor their CPE compliance, NABP partnered with the Accreditation Council for Pharmacy Education (ACPE) to develop CPE Monitor Plus, a subscription service for CPE Monitor®. Launched in April 2018, the new subscription service enables pharmacists to perform a variety of advanced functions beyond the basic CPE Monitor service, including:

- viewing CPE credit status by state to verify at a glance how much CPE credit must be earned to satisfy license renewal requirements;
- uploading certificates from non-ACPE CPE courses and applying them to relevant state licenses;
- receiving email alerts when CPE cycle deadlines are approaching;
- viewing all transcripts and individual courses and generating simplified, automated reports;
- searching for additional ACPE activities via ACPE P.L.A.N. (Pharmacists' Learning Assistance Network); and
- accessing ACPE CPD (Continuous Professional Development) via single sign on.

CPE Monitor Plus is available for an annual, renewable subscription fee of $29.95, regardless of how many licenses a pharmacist has or adds at a later date. CPE Monitor Plus is only available via NABP's new mobile app. Search for NABP e-Profile in Google Play Store (Android) or the App Store (iPhone).

The standard CPE Monitor service is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit *www.nabp.pharmacy/CPE.*

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their CPE credit electronically

Continued from page 1

learning period for licensees and staff members and encourages licensees to complete the post-inspection survey to share their thoughts on the new process and to help the Commission evaluate its effectiveness and identify changes if necessary. Please note, Washington State Department of Health (DOH) staff members unassociated with the Commission are facilitating the post-inspection survey.

No. 1289 Pharmacist Suicide Education and Training – Reminder

All pharmacists are required to complete an approved three-hour suicide prevention education course in suicide screening, referral, and content related to imminent harm via lethal means (Washington Administrative Code (WAC) 246-861-105). The one-time training must be completed by the end of the first full continuing education (CE) reporting period (12 months) after January 1, 2017, or during the first full (12-month) CE reporting period after initial licensure, whichever is later. The list of DOH-approved courses are on the DOH website under Suicide Prevention Training for Health Professionals. Online and in-person courses are available.

The Accreditation Council for Pharmacy Education may not accredit the suicide prevention training on DOH's model list, so the course may not appear on your CPE Monitor® e-Profile report. Please know that you may count the hours toward the 15 CE hours required annually for the reporting cycle in which the hours were earned. The Commission encourages you to retain the certificate of completion in case you are selected for a random CE audit.

No. 1290 Collaborative Drug Therapy Agreement

A pharmacist possesses prescriptive authority when working with a qualified practitioner under a signed agreement known as a collaborative drug therapy agreement (CDTA) (WAC 246-863-100). At the April 2018 Commission business meeting, the Commission clarified that a CDTA delegates independent prescriptive authority to a pharmacist by an authorized practitioner. When a pharmacist exercises his or her own independent prescriptive authority under a CDTA, the pharmacist must sign the prescription using his or her own name and corresponding credentials, such as a Drug Enforcement Administration (DEA) registration number if controlled substances are prescribed. If working under a CDTA, the pharmacist should not sign a prescription in the name of another licensed health care practitioner. The Commission further clarified that the CDTA is not intended to extend the scope of practice of a pharmacist as defined in current statute.

In order to be paid, all health care providers who meet the definition of "covered entity" after May 23, 2008, must use the National Provider Identifier (NPI) number on claims forms. As one of the Health Insurance Portability and Accountability Act mandates, its use will further streamline electronic claims processes already in place. It should also simplify claims submission for providers, given that separate insurer-specific numbers will no longer be necessary. The Centers for Medicare & Medicaid Services (CMS) has stated that use of the NPI will reduce costs and improve efficiency. For information on NPI, please visit the CMS/NPI web page.

No. 1291 Rules Rewrite Project

Many current pharmacy rules are very detailed and have not kept up with contemporary practice. The Commission is continuing its work on its pharmacy rules rewrite project. The Commission wants rules that:

- Are broad and flexible;
- Have necessary patient safety criteria; and
- Support innovation and place responsibility with the individual pharmacist's judgment and with the pharmacy permit holder.

This was a topic of discussion at the National Association of Boards of Pharmacy® 114th Annual Meeting in May 2018, to convene an interdisciplinary task force to explore considerations for transition from strictly prescriptive rule-based regulation to a model that includes a standard of care process and discuss the necessary tools for states to make this transition. This approach is consistent with what the Commission is striving for in its rules rewrite project. Several other states have completed or are considering similar changes to their rules.

To date, the Commission has completed an initial review of the General Licensing section. The Commission is now working on the General Provisions chapter; then it will begin work on the remaining two sections, Operational Standards and Professional Standards.

No. 1292 Consultants' Corner

Pharmacist consultants continue to receive various inquiries on who can prescribe and what can be prescribed in the state of Washington. Please visit the following updated link for guidance: *https://www.doh.wa.gov/portals/1/Documents/Pubs/690158.pdf.*

Question: Is a prescription from a retired or deceased prescriber still valid?

Answer: Yes, a prescription written by a retired or deceased prescriber is considered valid under the following circumstances. If the prescriber had a valid license to prescribe at the time of retirement or death, then any refills on his or her previously written prescription can be honored for the remainder of the refills on that prescription or for up to a year from the date the prescription was originally written (whichever comes first).

Question: What is required to be on a prescription?

Answer: A prescription must be legible with clear instructions. Legible prescriptions are defined as prescriptions that are hand-printed, typewritten, or electronically generated.

The following is required to be on the prescription, either imprinted or added at the time the prescription is issued:

- date issued;
- patient's name and address;

Continued on page 5

Continued from page 4

- practitioner's name and address;
- drug name, strength, and dosage form; route; quantity prescribed; directions for use;
- number of refills authorized (if any);
- instructions on whether a therapeutically equivalent generic drug or interchangeable product may be substituted in its place (see Revised Code of Washington (RCW) 69.41.120 for two signature line requirements);
- manual (wet) signature of the prescriber; and
- if applicable, the DEA registration number (if for controlled substances).

Washington written prescriptions must also be on tamper-resistant prescription paper or pads approved by the Commission, identified by the Commission's "seal of approval." (See RCW 18.64.500 for paper standards and exemptions.)

Electronic transmission of prescription information has additional requirements, including an electronic, digital, or manual signature of the prescriber; a place to note allergies; and a notation of purpose for the drug in addition to the required items listed above.

No. 1293 New Member Recruitment

The Commission is accepting applications to fill two pharmacist member and one public member positions on the Commission. This recruitment is to fill positions that will become vacant effective January 2019.

The Commission is looking for public-spirited people willing to study the issues and make decisions in the public's best interest. The Commission seeks diversity in its members. The Commission recognizes the value that variety brings in understanding and serving the people of Washington State and seeks candidates with diverse backgrounds and those who can provide geographic representation throughout the state.

Public member applicants may not have any affiliation with any aspect of pharmacy. Pharmacist applicants must be licensed pharmacists in active practice of pharmacy in the state for five years before appointment. All members must be citizens of the United States and residents of this state.

The governor is the appointing authority for Commission members. To apply, visit Governor Jay Inslee's web page. For more information on qualifications or for answers to questions regarding roles and responsibilities, please visit the Commission's web page or contact the Commission office at 360/236-4834 or at wspqac@doh.wa.gov. Recruitment closes August 1, 2018.

The *Washington State Pharmacy Quality Assurance Commission News* is published by the Washington State Pharmacy Quality Assurance Commission 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.

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