



Arizona State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Board Members

- Thomas Van Hassel, RPh..... President
- Michael Blaire, RPh..... Vice President
- Kevin Dang, PharmD Member
- Darren Kennedy, RPh Member
- Kyra Locnikar Member (Public)
- Dennis McAllister, RPh Member
- Reuben Minkus Member (Public)
- Doug Skvarla, RPh..... Member
- Kristen Snair, CPhT..... Member (Technician)

Board Mission

The Arizona State Board of Pharmacy protects the health, safety, and welfare of the citizens of Arizona by regulating the practice of pharmacy and the distribution, sale, and storage of prescription medications and devices and nonprescription medications.

The Board accomplishes its mission by:

- ◆ Issuing licenses to pharmacists, pharmacy interns, and pharmacy technicians;
- ◆ Issuing permits to pharmacies, manufacturers, wholesalers, and distributors;
- ◆ Conducting compliance inspections of permitted facilities;
- ◆ Investigating complaints and adjudicating violations of applicable state and federal laws and rules; and
- ◆ Promulgating and reviewing state rules and regulations.

Board Member Reappointments



Congratulations to the Board’s reappointed members. During his short time on the Board, Douglas Skvarla (pictured at left) has portrayed his passion to protect the public. Doug chaired a committee on the really hot topic of opioid antagonists within months of his initial appointment. The Board looks forward to seeing Doug for another five years.



Reuben Minkus (pictured at right) has done an exceptional job as a public member

in keeping the Board focused on its number one mission of public safety. The Board looks forward to working with Reuben as he serves to protect the public for another five years.

Executive Order – Internal Review of Administrative Rules; Moratorium to Promote Job Creation and Customer-Service-Oriented Agencies

The following text is from Executive Order 2017-02, Internal Review of Administrative Rules, Moratorium to Promote Job Creation and Customer-Service-Oriented Agencies, signed by Governor Douglas A. Ducey.

WHEREAS, burdensome regulations inhibit job growth and economic development;

WHEREAS, job creators and entrepreneurs are especially hurt by red tape and regulations;

WHEREAS, all government agencies of the State of Arizona should promote customer-service-oriented principles for the people that it serves;

WHEREAS, each State agency should undertake a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay, and legal uncertainty associated with government regulation;

WHEREAS, overly burdensome, antiquated, contradictory, redundant, and nonessential regulations should be repealed;

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor;

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

1. A State agency subject to this Order, shall not conduct any rulemaking except as permitted by this Order.
2. A State agency subject to this Order, shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justification for the rulemaking:

DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- ◆ If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- ◆ DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- ◆ Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at www.deadiversion.usdoj.gov/drugreg/index.html.

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

 *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.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the

ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit <https://www.ismp.org/Survey/NewMssacap/Index.asp>.

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists*, CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at www.cdc.gov/dhbsp/pubs/docs/pharmacist-resource-guide.pdf.

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

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at <https://jcphp.net>.

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register*, which can be found at www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed

to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at www.ptcb.org in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit www.BuySafeRx.pharmacy.

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at <http://lawatlas.org/datasets/pharmacist-vaccination>, explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

- a. To fulfill an objective related to job creation, economic development, or economic expansion in this State.
 - b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
 - c. To prevent a significant threat to the public health, peace or safety.
 - d. To avoid violating a court order or federal law that would result in sanctions by a court of the federal government against an agency for failure to conduct the rulemaking action.
 - e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
 - f. To comply with a state statutory requirement.
 - g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor’s Office of Strategic Planning and Budgeting.
 - h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
 - i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
 - j. To eliminate rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. All directors of state agencies subject to this Order shall engage their respective regulated or stakeholder communities to solicit comment on which rules the regulated community believes to be overly burdensome and not necessary to protect consumers, public health, or public safety. Each agency shall submit a report regarding the aforementioned information to the Governor’s Office no later than September 1, 2017.
 4. For the purposes of this Order, the term “State agencies,” includes without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official, (b) the Corporation Commission and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those State agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
 5. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule,” and “rulemaking” have the same meanings prescribed in Arizona Revised Statutes Section 41-1001.
 6. This Executive Order expires on December 31, 2017.

‘Regulation Rollback’: Now Open to Address Executive Order

“Regulation Rollback” is a strategic step in our state’s ongoing work to make Arizona the best state in the nation for businesses and consumers alike.

The state has made great progress in growing our economy and streamlining state government over the past two years. Arizona still has a lot of work to do to make sure outdated regulations are not slowing us down.

No longer will regulations remain in place “just because they’re on the books and nobody’s bothered to change them.”

“Regulation Rollback” is offering a new online service to crowdsource recommendations on how to update Arizona’s regulatory system.

At Redtape.AZ.gov, associations, organizations, and individuals across the state can recommend ways to improve or eliminate outdated regulations.

We need your help. You are the experts. Visit this portal for your opportunity to provide specific input to the governor’s office on an outdated rule or regulation that stifles Arizona’s consumers and job creators.

Submit your suggestions here:
www.Redtape.AZ.gov

We thank you for your help in highlighting ways to improve state government and to better serve Arizonans.

Board Meeting Schedule

Board meetings play an important role in the regulation of pharmacy practice in Arizona. Attending these meetings is a great learning opportunity, especially for new pharmacists just entering the profession. The Board extends an open invitation to all pharmacists, pharmacy interns, technicians, and interested parties to attend. You can also view Board meetings online at <https://livestream.com/accounts/5391090>.

Your feedback and engagement can help ensure that public health and safety are optimized.

All of the following meetings start at 8:30 AM and will be held at 1616 W Adams St, Suite 120, Phoenix, AZ 85007 (in the Land Department Building).

- ◆ June 7-8
- ◆ August 2-3
- ◆ October 4-5
- ◆ December 6-7

How Many Licenses/Permits Does the Board Manage?

Licenses	
Pharmacists	10,997
Interns	1,640
Technicians (PTCB)	11,102
Technician Trainees	8,023
Total:	31,762

Permits

Pharmacy	2,316
Medical Gas/Durable Medical Equipment	588
Manufacturer	441
Nonprescription	4,712
Wholesaler	1,037

Total: 9,094

Reporting of Diversion

As we all take on the battle against substance abuse, managing the diversion of controlled substances (CS) is critical. The Board office is receiving an enormous number of Drug Enforcement Administration Forms 106 indicating there has been a loss of CS. On that form is embedded a space to indicate how the loss took place. Board staff would like a separate letter or email when a diversion takes place involving a licensee. To fight this battle against substance abuse, we need to address the people who divert, and the Board is asking for your help for clearer communication.

Disciplinary Actions and Updates

Pharmacist

For details on disciplinary actions, visit <https://pharmacy.az.gov/resources/disciplinary-actions/pharmacists>.

Marilyn Myers (S006882) – Respondent shall pay \$1,000 within 30 days and successfully complete and provide proof of successful completion to the Board of eight hours of continuing education on medication errors within 90 days.

Permit

For details on disciplinary actions, visit <https://pharmacy.az.gov/resources/disciplinary-actions/pharmacies-permit>.

Maricopa Medical Center (Y004184) – Respondent to pay \$500 within 60 days for violations.

Disciplinary Actions and Updates – Other Health Boards

Arizona Board of Osteopathic Examiners in Medicine and Surgery

Jeff Allen Baird, DO #2431 – License revoked. Effective December 29, 2016.

Arizona Medical Board

M. Jamil Akhtar, MD #10007 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Effective January 27, 2017.

Gavin Awerbuch, MD #43610 – Order for surrender of license and consent to the same. Respondent ordered to surrender his license for the practice of allopathic medicine in the state of Arizona and return his certificate of licensure to the Board. Effective December 9, 2016.

Kathryn L. Cook, MD #23642 – Order for surrender of license and consent to the same. Respondent ordered to surrender her license for the practice of allopathic medicine in the state of Arizona and return her certificate of licensure to the Board. Effective February 2, 2017.

Mark Logan, MD #22621 – Order for surrender of license and consent to the same. Respondent ordered to surrender his license for the practice of allopathic medicine in the state of Arizona and return his certificate of licensure to the Board. Effective February 2, 2017.

Frank Pallares, MD #41363 – Order for surrender of license and consent to the same. Respondent ordered to surrender his license for the practice of allopathic medicine in the state of Arizona and return his certificate of licensure to the Board. Effective December 9, 2016.

Alpen Bhaktikumar Patel, MD #47525 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Effective February 21, 2017.

Domiciano E. Santos, MD #10120 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Effective February 13, 2017.

Laura K. Sherman, MD #34716 – Order for surrender of license and consent to the same. Respondent ordered to surrender her license for the practice of allopathic medicine in the state of Arizona and return her certificate of licensure to the Board. Effective December 9, 2016.

Harinder K. Takyar, MD #34308 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Effective December 21, 2016.

Nathan Douglas Zilz, MD #52031 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in the practice of medicine in the state of Arizona until he applies to the executive director and receives permission to do so. Effective December 6, 2016.

Arizona Regulatory Board of Physician Assistants

Michael Midhat Abraham, PA #5934 – Interim consent agreement for practice restriction. Respondent is prohibited from engaging in health care tasks with physician supervision in the state of Arizona as set forth in Arizona Revised Statute §32-2501(13) until he applies to the executive director and receives permission to do so. Effective January 27, 2017.

Mick G. Drage, PA #2585 – Order for surrender of license and consent to the same. Respondent ordered to surrender his license for the performance of health care tasks in the state of Arizona and return his certificate of licensure to the Board. Effective December 1, 2016.

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