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New Mexico Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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2017 Board Meeting Dates

The 2017 New Mexico Board of Pharmacy meeting schedule is as follows:

- Monday, January 30 to Tuesday, January 31, 2017
- Thursday, April 20 to Friday, April 21, 2017
- Monday, June 26 to Tuesday, June 27, 2017
- Thursday, August 17 to Friday, August 18, 2017
- Monday, October 23 to Tuesday, October 24, 2017

All meetings are scheduled to be held at the Board office in Albuquerque, NM. Meetings begin at 9 AM. The agenda is posted on the Board website. The agenda for each meeting must be posted at least 72 hours prior to the meeting. Board meetings are open to the public.

Do You Know?

- An impaired licensee must be reported to the impaired pharmacist program or referred to the Board. The Board-approved program is the Monitored Treatment Program (MTP). Failure to report an impaired pharmacist or refer to MTP is considered unprofessional or dishonorable conduct.
- United States Pharmacopeia Chapter <800> will become effective and enforceable July 1, 2018. If you compound sterile and nonsterile products using hazardous drugs, you must be in compliance. To determine if you are in compliance, visit *http://800gaptool.com.*
- According to Centers for Disease Control and Prevention, combination refrigerator/freezer units are not appropriate for the storage of vaccines and other medications. This is due to the variation in temperature within the unit. These refrigerators pose a significant risk of freezing medications.
- When multiple prescriptions for a Schedule II controlled substance (CS) are issued by a practitioner, the "Do Not Fill Until" date cannot be changed. This includes contacting the practitioner for approval for early refill. Instead, the practitioner is required to write a new prescription to allow for an early refill.
- Information regarding naloxone is available on the Board website under the Forms and Applications tab. This will provide you with the standing order prescription you need to dispense naloxone to a New Mexico citizen.

Regulation Updates

Regulation 20, Controlled Substances, was revised. To match federal regulations, the CS inventory requirements were updated to state that you must document the inventory date and time. Also, you must indicate whether the inventory was taken at the close or opening of business activity. An added inventory requirement is that upon a change of the pharmacist-in-charge, an inventory must be taken within 72 hours.

Regarding new CS prescription orders, wording was clarified stating that a telephone order for a new therapy for an opiate listed in Schedule III, IV, or V shall not exceed a 10-day supply, based on the directions for use, unless a written prescription is on file at the pharmacy from any practitioner for the same opiate within the past six months. A telephone order for this new opiate therapy may not be refilled.

Regarding the identification of the person obtaining a CS, wording was updated requiring that the identification is current. The type of identification used must also be recorded.

Prescriptions for Schedule V CS may be refilled similar to how prescriptions for Schedule III and IV may be refilled. The regulation was revised to state: "Prescriptions for Schedule III, IV, **or V** controlled substances shall not be filled or refilled more than six (6) months after the date of issue or be refilled more than five (5) times unless renewed by the practitioner and a new prescription is placed in the pharmacy files." In addition, by regulation, Schedule II prescriptions have been given a six-month expiration date. The regulation was revised to state: "Prescriptions for **any controlled substance** shall not be filled more than six (6) months after the date of issue."

Regulation 4, Pharmacist, was revised regarding pharmacist clinicians. The pharmacist clinician section of the regulation was updated for the prescribing of CS. If this applies to you, please review the changes. To summarize, pharmacist clinicians may authorize for the use of delegates to obtain prescription monitoring program (PMP) reports. Prior to a pharmacist clinician prescribing or ordering for the first time a CS in Schedule II, III, or IV to a patient for a period greater than four days, or if there is a gap in prescribing the CS for 30 days or more, the pharmacist clinician shall review a PMP report for the patient for the preceding 12 months. A PMP report covering the preceding

continued on page 4

FOUNDATION

National Pharmacy

The applicability of articles in the *National Pharmacy Compliance*
by examining the law of

National Vaccine Safety Surveillance Program Available for Reporting Adverse Events

The Vaccine Adverse Event Reporting System (VAERS) eSubmitter program, a national vaccine safety surveillance program cosponsored by the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA), is available for the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. VAERS information is analyzed by CDC and FDA to identify new safety concerns. VAERS reports can be filed by anyone, including health care providers, manufacturers, state immunization programs, and vaccine recipients. Vaccine recipients are encouraged to seek help from their health care provider when filling out the VAERS form. Health care providers can find information about submitting a report on the VAERS website at *https://vaers.hhs.gov/professionals/index*.

Improper and Unsafe Vaccine Storage

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.*

Few issues are more important than proper storage and handling of vaccines, because their ability to prevent disease is dependent on these factors. To maintain stability, most vaccines must be stored in a refrigerator or freezer, and many also require protection from light. Excessive heat or cold – even a single exposure in some instances – can reduce vaccine potency. These temperature excursions are often due to improper refrigeration or freezer units, inadequate thermostat controls, and refrigeration/freezer units with inadequate space to allow good air circulation and even temperatures.

Improper and unsafe storage can also result in serious errors caused by selecting the wrong vaccines, diluents, and other medications with look-alike names and/or labeling and packaging. Storing vaccines close to each other has led to dispensing and administering the wrong vaccine or wrong form of vaccine (eg, adult versus pediatric). Storing vaccines too close to non-biologic medications in a refrigerator or freezer has also led to serious adverse outcomes, particularly when the mix-up involved a vaccine and a high-alert medication. For example, vials of insulin have frequently been mistaken as influenza vaccine, and various neuromuscular blocking agents have been used to reconstitute vaccines or were mistaken as influenza or hepatitis B vaccines.

Store vaccines in their own dedicated refrigeration and freezer units. Regular temperature monitoring is necessary, and technology is available to assist with alarmed, continuous monitoring devices that can alert staff via email and pager if a unit is out of specified range. Separate vaccine vials and syringes into bins or other containers according to vaccine type and formulation, keeping diluents with the appropriate vaccines. Never store different vaccines in the same containers. Do not store vaccines with similar labels, names, abbreviations, or overlapping components immediately next to each other or on the same shelf. Separate the storage areas of pediatric and adult formulations of vaccines. Label the specific locations where vaccines are stored to facilitate correct age-specific selection and to remind staff to combine the contents of vials. ISMP's March 26, 2015 newsletter[1] contains additional strategies, as does a Vaccine Storage & Handling Toolkit available from CDC.[2]

References

1. ISMP. Recommendations for practitioners to prevent vaccine errors. Part 2: analysis of ISMP vaccine errors reporting program (VERP). *ISMP Medication Safety Alert!* 2015;20(6):1-6.
2. CDC. Vaccine storage & handling toolkit. www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. June 2016.

Coalition Reports Impact of Educational Efforts on Safe Acetaminophen Use

The Acetaminophen Awareness Coalition reports that progress has been made to increase consumer awareness about the safe use of acetaminophen. The coalition also notes a decline in unintentional overdoses. The National Poison Data System's 2015 report indicates unintentional acetaminophen exposures, including dosing errors and accidental misuse, have decreased through 2013 after a peak in 2009. In addition, a nationwide survey indicates the number of consumers who understand that exceeding the recommended daily dose of acetaminophen may lead to liver damage has increased to 87% in 2013 from 78% in 2010. The survey also reports the number of consumers who think it is important to check the medicine label for the maximum daily dose increased to 98% in 2013 from 93% in 2010.

Developed in 2011, the Know Your Dose campaign encourages pharmacists and other health care providers to talk to their patients about medicine safety and acetaminophen use. The Know Your Dose campaign offers a list of helpful health tips to share with patients, including the following:

(1) Read and follow the label.
(2) Know which medicines contain acetaminophen.
(3) Take only one medicine at a time that contains acetaminophen.

(4) Ask a health care provider or pharmacist about dosing instructions or medicines that contain acetaminophen.

Pharmacists may download or order free educational materials, including posters, flyers, and talking points, to give their patients on the Know Your Dose website, *www.knowyourdose.org*.

FDA Offers Webinars on Online Drug Information Resources for Students and Clinicians

FDA's Division of Drug Information in the Center for Drug Evaluation and Research presents a series of CE webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA's expanded access program and the pregnancy and lactation labeling rule. The webinars and presentation slides can be accessed on FDA's website at *www.fda.gov/AboutFDA/WorkingatFDA/FellowshipInternshipGraduateFacultyPrograms/PharmacyStudentExperientialProgramCDER/ucm228391.htm*.

Fresenius Kabi Recalls Sensorcaine-MPF (Bupivacaine HCl) Injection, USP

In April 2016, Fresenius Kabi USA recalled a single lot of Sensorcaine®-MPF (bupivacaine HCl) injection, USP, 0.75%, 7.5 mg/mL, 30 mL fill in a 30 mL vial, because of visible particulate matter characterized as glass observed by the company during inspection of reserve samples. The recalled product was shipped in the US to wholesaler and distributor outlets between March 4, 2016, and March 21, 2016, and has an expiration date of September 2019. The recall affects lot number 6111504, product code 470237, and National Drug Code number 63323-472-37. The product is supplied as 0.75% strength in a 30 mL single-dose flint molded vial and is packaged in units of 25. To date, Fresenius Kabi has not received any reports of adverse events regarding this recall, indicates the press release posted to the FDA website.

Health care facilities that have the affected lot are instructed to immediately discontinue distributing, dispensing, or using the lot and return all units to Fresenius Kabi. Distributors are instructed to immediately notify their customers who have been shipped or may have been shipped the recalled product. Adverse reactions or quality problems may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting program at *www.fda.gov/MedWatch*. Additional details are available on FDA's website at *www.fda.gov/Safety/Recalls/ucm497812.htm*.

Oral Liquid Docusate Sodium by PharmaTech Recalled Due to Contamination

In July 2016, FDA alerted health care providers that PharmaTech, LLC, of Davie, FL, voluntarily recalled all non-expired lots of Diocto Liquid, a docusate sodium solution distributed by Rugby Laboratories of Livonia, MI. The affected product was distributed nationwide in one-pint (473 mL) bottles with a Rugby label. FDA confirmed the product has been contaminated with *Burkholderia cepacia,* a bacteria linked to an outbreak in five states. The safety alert indicates FDA has received several adverse event reports of *B. cepacia* infections in patients, and some of these reports identify liquid docusate sodium products manufactured by companies other than PharmaTech. FDA and CDC continue to investigate the extent of this issue in order to identify other potentially contaminated liquid docusate sodium products. FDA joins CDC in recommending that clinicians not use any liquid docusate sodium product as a stool softener or for any other medical purpose. Adverse events or side effects may be reported to FDA's MedWatch Safety Information and Adverse Event Reporting Program at *www.fda.gov/MedWatch*. More information may be found in the safety alert on FDA's website at *www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm511528.htm*.

NABP Seeks Pharmacists From Districts 1, 5, and 7 to Serve as Volunteer Item Writers

The National Association of Boards of Pharmacy® (NABP®) is seeking pharmacists who reside in states in the following districts to serve as volunteer item writers:

- **District 1:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.
- **District 5:** Iowa, Minnesota, Nebraska, North Dakota, and South Dakota.
- **District 7:** Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

In an effort to secure more individuals representative of these areas of the country, NABP encourages pharmacists in all areas of practice as well as school and college of pharmacy faculty who reside in these states to apply.

NABP uses volunteer item writers to develop questions for the following examination programs: North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), Pharmacy Curriculum Outcomes Assessment® (PCOA®), and Pharmacist Assessment for Remediation Evaluation® (PARE®).

Interested individuals should complete the online Item Writer Volunteer Interest Form available at in the Meetings section of the NABP website. Individuals who are selected will receive further information on opportunities to attend and participate in NABP-hosted workshops.

For more information about NABP item writing, visit the Meetings section of the NABP website at www.nabp.pharmacy, or contact CompAssess@nabp.pharmacy.

continued from page 1

12 months shall be reviewed a minimum of once every three months during the continuous use of an opioid, benzodiazepine, or carisoprodol for each patient; and reviewed a minimum of once every six months during the continuous use of a CS in Schedule II, III, or IV that is not an opioid, benzodiazepine, or carisoprodol for each patient.

Regulation 29, Controlled Substance Prescription Monitoring Program, was revised. Please see the article regarding the PMP in this *Newsletter.*

2017 Pharmacy Law Update Schedule

Please contact the Board to reserve your space for a Board-sponsored law update. To reserve, you may contact the Board at 505/222-9830 or via email at yvette.tenorio2@state.nm.us. The Board's Albuquerque-area law updates will be held at the Board office. In 2017, the Board will again hold two law updates each month in the Albuquerque area. One update will be held in the morning from 9 to 11 AM; the other, in the afternoon from 2 to 4 PM. All of the Board-sponsored Albuquerque-area law updates fall on a Friday **except April 6, 2017, which falls on a Thursday.** If you wish to attend an Accreditation Council for Pharmacy Education (ACPE)-accredited pharmacy law update that is sponsored by the New Mexico Pharmacists Association (NMPhA) or New Mexico Society of Health-System Pharmacists (NMSHP), please contact the organization directly to reserve your spot or for more information. Their respective websites are *www.nmpharmacy.org* and *www.nmshp.org.* Please note that the dates and times for the NMPhA- or NMSHP-sponsored law updates vary. The law update held at the Board, while presented at no charge, is not ACPE-accredited.

The following Albuquerque-area dates are currently scheduled:

- January 6, 2017
- February 3, 2017
- March 10, 2017
- April 6, 2017 (Thursday)
- May 12, 2017
- June 2, 2017
- July 7, 2017
- August 4, 2017
- September 8, 2017
- October 6, 2017
- November 3, 2017
- December 1, 2017

The Board inspectors will also hold law updates in areas outside of Albuquerque. Please contact the Board at 505/222-9830 or via email at yvette.tenorio2@state.nm.us to register and reserve your spot. Board-sponsored pharmacy law updates will be held on a Tuesday from 7 to 9 PM. The only **exception is on July 11, 2017.** This law update, held in Santa Fe, NM, will be held from **1 to 3 PM.** Contact the Board for more information, if necessary.

The following out-of-Albuquerque law updates are scheduled for 2017:

- **February 7, 2017**
  Eastern New Mexico University – Roswell
  Occupational Technology Center
  20 West Mathis
  Roswell, NM 88203
- **March 7, 2017**
  Carver Library – North Annex
  7th and Main St
  Clovis, NM 88101
- **May 16, 2017**
  San Juan College
  4601 College Blvd
  Farmington, NM 87401
- **July 11, 2017**
  Toney Anaya Building – Rio Grande Room
  2550 Cerrillos Rd
  Santa Fe, NM 87504
- **September 19, 2017**
  Holy Cross Hospital
  1397 Weimer Rd
  Taos, NM 87571
- **October 3, 2017**
  Alta Vista Regional Hospital
  109 Legion Dr
  Las Vegas, NM 87701
- **November 7, 2017**
  Lea Regional Hospital
  5419 N Lovington Hwy
  Hobbs, NM 88240
- **December 4, 2017**
  Memorial Medical Center
  2450 S Telshor Blvd
  Las Cruces, NM 88011
- **December 5, 2017**
  Mountain View Regional Medical Center
  4311 E Lohman Ave
  Las Cruces, NM 88011

PMP News

PMP AWAR$_X$E is here! On October 31, 2016, the Board went live with its upgraded PMP. The Board wants to thank everyone for their patience as it transitions to the new platform. The Board hopes everyone is up and running on the new New Mexico PMP without any trouble and enjoying PMP AWAR$_X$E, owned by Appriss, Inc. Users are now able to submit patient requests in batches instead of one by one. Users can see right on the report a morphine milligram equivalent amount for each patient. Along with the upgrade to the PMP, the Board has passed regulations regarding PMP accounts. Regulations now allow for a pharmacist to have a delegate. Pharmacist delegates must be certified pharmacy technicians or registered interns. Also, the number of delegates was increased. Practitioners and pharmacists may have up to four delegates each. Please remember, all clinical decisions based on PMP information are the responsibility of the practitioner/pharmacist. A delegate is available to help retrieve information from the PMP only. Other account categories added include licensed health care professionals from Medicare, health insurers, workers' compensation programs, and pharmacy benefit managers.

Disciplinary Actions

Eric Artiaga, PT Applicant. Application denied. Must pay hearing costs in the amount of $253.75.

Charles Chatterton, PT – License PT-3993. Board accepted voluntary surrender of pharmacy technician license. Must

continued on page 5

continued from page 4

pay cost of investigation of $100. May not reapply for 10 years.

Civic Center Pharmacy – License PH-2736. Settlement agreement. Respondent admits to having shipped non-patient-specific sterile and nonsterile compounded preparations into New Mexico. Also admitted to sending self-assessment form to the Board denying such. Must pay fine in the amount of $5,000 plus $800 for the cost of investigation.

Craig Collyer, RPh – License RP-5334. Requested his pharmacist license back. Respondent has not practiced in the field of pharmacy since September 3, 2009. Board voted to reinstate New Mexico pharmacist license on the following conditions: respondent must take and pass the North American Pharmacist Licensure Examination® and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) within six months. Following successful completion of that requirement, respondent must complete a 1,500-hour internship and be evaluated by the MTP.

Cheryl Escobedo, PT – License PT-9455. Evidence of respondent's theft of two boxes of Suboxone®. Respondent's pharmacy technician license revoked by default.

John Flores, MD – License CS-207728. Board accepted order of respondent's voluntary surrender of his CS license.

Kelly Kemper, RPh – License RP-5290. Respondent appeared before the Board to request that her license is reinstated. Board will allow reinstatement. Respondent must complete the following stipulations. Successfully take and pass the MPJE. Successfully take and pass the Pharmacist Assessment Remediation Evaluation®. Complete 15 hours of continuing education per year revoked for a total of 45 hours. Complete 60 hours per year of internship for each year revoked. Pay all licensing fees. Pay a reinstatement fee of $25.

Andy Lee, PT – License PT-9485. Evidence of respondent's theft of over 200 Xanax®. Respondent's pharmacy technician license revoked by default.

Sooshin Lee, dba Trend One – Licenses CD-64 and CD-68. A contact lens distributor. License revoked by default. Evidence existed that respondent was selling contact lenses without requiring a prescription and performed insufficient keeping of procedure manuals and required records.

Lauren Thomas, PT – License PT-9499. Settlement agreement. Respondent admits to having performed technician duties without having passed the certification test within one year of registration. Must pay a fine of $500.

DEA Online Renewal Applications

Starting January 1, 2017, Drug Enforcement Administration (DEA) will send out only one renewal notification. The renewal notification will be sent approximately 65 days prior to the expiration date. No other reminders to renew the DEA registration will be mailed. The online capability to renew a DEA registration after the expiration date will no longer be available. You will have to complete an application for a new DEA registration if you do not renew by midnight ET (10 PM MT) of the expiration date. The original DEA registration will not be reinstated. Paper renewal applications will not be accepted the day after the expiration date. If DEA has not received the paper renewal application by the day of the expiration date, then mailed-in renewal applications will be returned and the registrant will have to apply for a new DEA registration.

Board Members and Staff Update

Buffie Saavedra served two full five-year terms as a public Board member. Because of Buffie's background in health care, she brought a good perspective to the Board. Buffie has made a huge impact to the betterment of the profession of pharmacy.

LuGina Mendez-Harper served her term as a professional member of the Board in the Northwest district. LuGina was selected to serve as secretary. LuGina worked in mail order and brought this perspective to the Board. LuGina helped develop many of the current regulations.

Replacing LuGina, Governor Susana Martinez has selected Teri Rolan. Teri works at an independent retail pharmacy. Teri is a compounding pharmacist and also a pharmacy clinician.

Danny Cross served as a professional member of the Board. Danny represented the Southeast district. Danny completed two full terms as a Board member. Danny assisted the Board in many ways, including serving as the Board chairperson.

Replacing Danny is Neal Dungan. Neal also is an independent pharmacist. Neal has been active in the profession of pharmacy for many years.

The current makeup of the Board:

- Richard Mazzoni, RPh – Northeast District, Chairperson
- Amy Buesing, RPh – Hospital Representative, Vice Chairperson
- Neal Dungan, RPh – Southeast District, Secretary
- Joe R. Anderson, RPh – Central District
- Teri Rolan, RPh – Northwest District
- Cathleen Wingert – Public Member
- Chris Woodul, RPh – Southwest District
- Public Member – Two vacant positions

The Board wishes to thank all Board members, previous and current, for all of their work in protecting the members of the public. To contact a Board member, please correspond through Board staff.

The Board received funding for a new position from a grant given to the New Mexico Department of Health. The working title of the position is PMP specialist. The responsiblity of the PMP specialist is to increase the success of the PMP. The person hired to fill this position is Cristy Wade. Cristy will be a liaison between the Board and the Department. Please welcome Cristy.

The Board has hired two new state drug inspectors. Joining the inspection staff are Alejandro M. Amparan and Joo Yung Han. Both Alejandro and Joo have retail pharmacy experience. Alejandro became licensed as a pharmacist in 2012. Joo became licensed in 2009. Please welcome the new inspectors and expect them to be visiting you in your licensed location.

The *New Mexico Board of Pharmacy News* is published by the New Mexico Board of Pharmacy 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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