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Oklahoma State Board of Pharmacy News

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John A. Foust, PharmD, DPh, Executive Director
August 11, 1954 – February 16, 2017

Dr John Anthony Foust, age 62, of Wyandotte, OK, passed away on Thursday, February 16, 2017, surrounded by family at his daughter's home in Freeport, ME. John leaves behind his wife Susan, son David and his wife Kendra, son Matthew, daughter Caroline and her husband Jeremy, and grandchildren Ayla Joan, Quinn, Koby, and Dace.

John worked as a pharmacist for more than 30 years and gained extensive experience in nearly every facet of pharmacy, including hospital directorships, hospital and hospice consulting, and retail independent and chain drugstores. John was executive director of the Oklahoma State Board of Pharmacy from 2008-2017. He was instrumental in the oversight and construction of the new office building for the Board. By being frugal with funds that had been set aside by the former Executive Director Bryan H. Potter, the building was paid for upon completion and came in under budget. In his honor, the Pharmacy Building Board Room has been named the "Dr John A. Foust Board Room."

Under his leadership, the Board was honored in 2012 with the National Association of Boards of Pharmacy® (NABP®) Fred T. Mahaffey Award. The award is given annually to a board of pharmacy from the United States, Canada, Australia, New Zealand, or the Bahamas that has demonstrated the most outstanding contributions for the protection of the health, safety, and welfare of its citizens. John diligently served District 6 on the NABP Executive Committee from 2015 until he reluctantly resigned due to ill health in June 2016.

In 2012, John also received the Bowl of Hygeia Community Service Award, given annually to one pharmacist from each state in recognition of outstanding community service. In 2014, he was given the Pharmacist of the Year award by the Oklahoma Society of Health-System Pharmacists. He was also honored in 2015 with the Southwestern Oklahoma State University College of Pharmacy Outstanding Pharmacy Alumnus Award, and in 2016 he was given the Cardinal Health Generations Rx Champions Award for demonstrated excellence in community-based prescription drug abuse prevention.

The Board will miss this dedicated public servant whose leadership, integrity, keen intellect, and generosity were unsurpassed.

Monetary remembrances may be made to the John A. Foust Scholarship Fund at Southwestern Pharmacy Alumni Foundation, Inc, PO Box 702, Weatherford, OK 73096.

From the Inspector's Desk

- **17.10. Immunizing Pharmacists:** When you are floating to different pharmacies that provide immunizations or covering a shift at a different pharmacy that provides immunizations, you need to make sure you have proper licensing credentials with you. You need to have a current copy of your license renewal, a copy of your immunization certificate, and a current copy of your CPR certification.
- **17.11. Power of Attorney for Ordering Schedule II CDS:** A pharmacy may authorize one or more people to issue Drug Enforcement Administration (DEA) 222 Forms on the pharmacy's behalf. A power of attorney must be executed by the person who signed the pharmacy's most recent application for DEA registration or renewal of DEA registration, and the person to whom the power of attorney is being granted must sign the document along with two witnesses.

  When and if a power of attorney is **revoked,** it must be revoked by the person who signed the most recent application for DEA registration or renewal of DEA registration and requires the signature of two witnesses.

  A pharmacy must have a power of attorney on file for each person who will be signing DEA 222 Forms to order Schedule II controlled dangerous substances (CDS). **You should not be signing DEA 222 Forms unless there is a power of attorney on file in the pharmacy for you.**

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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/dhdsp/pubs/docs/pharmacist-resource-guide.pdf.*

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://jcpp.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.

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A power of attorney form can be found on the Board's website at *https://ok.gov/pharmacy/Licensees_&_Applicants/Forms_&_Applications/Pharmacies/index.html.*

- **17.12. Sterile Parenteral Drug Products:** Sterile parenteral drug products include both injections and implants through the skin. Routes of administration for sterile parenteral products include intravenous, intraventricular, intra-arterial, intra-articular, subcutaneous (SQ), intramuscular, intrathecal, intracisternal, and intraocular. Parenteral dosage forms must be sterile when administered to the patient. Such dosage forms include solutions, suspensions, emulsions, sterile powders for solutions and suspensions, implants, and products that consist of both a drug and a device such as drug-eluting stents. Other dosage forms that must be sterile include aqueous bronchial and nasal inhalations, baths and soaks for live organs and tissues, irrigations for wounds and body cavities, and ophthalmic drops and ointments.

  All sterile drug products, including those from the manufacturer, must be manipulated aseptically in an ISO Class 5 environment such as a laminar flow hood or containment isolator. This would include mixing or adding diluents to a product, eg, taking multidose vials of human chorionic gonadotropin and placing into smaller, patient-specific vials for SQ administration. Any practice such as this is considered sterile compounding, and United States Pharmacopeia (USP) Chapter <797> shall be followed and enforced.
- **17.13. Sterile Compounding and Hospital-Based Pharmacy Technicians:** Hospital-based pharmacy technicians may perform any level of sterile compounding, including high-risk and hazardous preparations such as chemotherapy. Prior to USP <797> guidelines, pharmacy technicians were required to complete a Board-approved training program before preparing multi-ingredient sterile products or chemotherapy. Current USP <797> guidelines include parameters for both didactic training and aseptic technique documentation dependent on risk level of the sterile product preparations. Any hospital compliant with USP <797 > regulations shall have sufficient training and documentation for pharmacy technicians to perform sterile compounding without the addition of Board-approved training.
- **17.14. CDS Are Not Allowed in Emergency Medication Kits:** While the Board rules have language regarding CDS in emergency kits for use in facilities, these were written in the event that the Oklahoma Bureau of Narcotics (OBN) changes its rules. OBN does not have a registration for long-term care facilities or assisted living centers that would allow CDS to be included in any emergency kits.
- **17.15. Syringes: Over-the-Counter or Prescription Only?** Many times the Board is asked if syringes and needles may be sold without a prescription. There is no state law addressing this question, nor has the Board been able to locate any specific local laws, but there are laws prohibiting the sale of drug paraphernalia.

  In short, you may sell syringes or needles to any person if you feel that they have a legitimate use. You should **not** sell them if you have reason to believe that the purchase of syringes would be for illicit unlawful drug use. If you are billing them to insurance, you must have a prescription from a prescriber.

  A pharmacy may have an internal policy restricting the sale of syringes without a prescription, and pharmacy staff should be consistent when carrying out this policy.
- **17.16. Pharmacy License Renewals:** When completing a pharmacy license renewal form, it is extremely important to list **all** pharmacists and technicians currently employed. When an employee is not listed on a pharmacy license renewal form, this is considered official notice that the employee no longer works at this pharmacy, and the employee is removed from the pharmacy's employee list in the Board's database. Consequently, this may lead to delays in renewal or cancellation of a license, since a pharmacy technician may not renew his or her permit unless he or she is currently employed in a pharmacy.

Disciplinary Actions

For more information, you may view hearing minutes at *http://ok.gov/pharmacy/Board/Minutes/index.html.*

17.17. January 25, 2017 Board Hearing

Impaired Pharmacist #13361 – Case No. 1332: Respondent's request for probation was approved. License will be placed on indefinite probation upon reinstatement.

Victorialynn Atkinson, Technician #18800 – Case No. 1437: Admitted to guilt on five counts including committing theft while working as a registrant; possession of a CDS without a valid prescription; and abusing alcohol or drugs, using an illegal substance or CDS, and/or testing positive for such substance or its metabolite. **Revoked.**

Lindsey Cosper, Technician #9106 – Case No. 1438: Found guilty on four counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Jordan Johnston, Technician #15872 – Case No. 1439: Admitted to guilt on three counts including committing theft while working as a registrant and failing to conduct business at all times in conformity with all federal, state, and municipal laws. **Revoked.**

Joshua Terrell, Technician #15895 – Case No. 1440: Admitted to guilt on three counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Jazmine White, Technician #21331 – Case No. 1441: Found guilty on four counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Mason Whitlock, Technician #20243 – Case No. 1442: Admitted to guilt on four counts including committing theft while working as a registrant and possession of a CDS without a valid prescription. **Revoked.**

Impaired Pharmacist #11921 – Case No. 1446: Admitted to guilt on five counts including violating a Board order or agreed order; violating a voluntary or Board-ordered rehabilitation program for the impaired contract; making

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or filing a report or record that she knew or should have known to be false; and interfering with, refusing to participate in, impeding, or otherwise obstructing any inspection, investigation, or disciplinary proceeding authorized by the Oklahoma Pharmacy Act. **Current probation is extended two years until January 25, 2022. $3,000 fine. Respondent shall extend her contract with Oklahoma Pharmacists Helping Pharmacists (OPHP) until January 25, 2022. Respondent shall attend a one-day (eight-hour) law seminar in addition to 15 hours of live continuing education (CE) during the calendar year of 2017. All 15 hours of required CE shall be live during probation (until January 25, 2022).**

Bivens Drug, Inc #70-5920 – Case No. 1447: Admitted to guilt on 15 counts including failing to have a pharmacy manager who was responsible for all aspects of the operation related to the practice of pharmacy; failing to implement and follow a written drug diversion detection and prevention policy; failure to remove outdated prescription drugs from the active inventory area upon expiration; and failing to satisfactorily respond within 10 days to a warning notice. **No action by Board – see Case No. 1448.**

Jerry Lee Dennis, DPh #9252 – Case No. 1448: Admitted to guilt on 15 counts including failure as a pharmacist or pharmacy manager (pharmacist-in-charge) to fulfill the responsibilities as set out in Oklahoma Administrative Code (OAC) 535:15; failing to conduct business as a pharmacist at all times in conformity with all federal, state, and municipal laws; and failing, as pharmacy manager, to be responsible for all aspects of the operation related to the practice of pharmacy. **Current probation is extended two years until June 27, 2020. As of April 25, 2017, respondent may not work as a pharmacist-in-charge. $5,000 fine.**

Jie Ren, DPh #16054 – Case No. 1451: Admitted to guilt on five counts including failing, as pharmacy manager, to fulfill the responsibilities as set out in OAC 535:15; failing, as pharmacy manager, to be responsible for all aspects of the operation related to the practice of pharmacy; failing, as pharmacy manager, to work sufficient hours in the pharmacy to exercise control and meet the responsibilities of the pharmacy manager; failing, as pharmacy manager, to be currently licensed as a pharmacist in the state in which she is practicing; and failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice or operation. **$1,000 fine. Respondent shall attend a one-day (eight-hour) law seminar in addition to 15 hours of live CE during the calendar year of 2017.**

Steven's Pharmacy, #99-1424 – Case No. 1452: Admitted to guilt on four counts including failing to have a pharmacy manager who is responsible for all aspects of the operation related to the practice of pharmacy; failing to have a pharmacy manager who works sufficient hours in the pharmacy to exercise control and meet the responsibilities of the pharmacy manager; failing to have a pharmacy manager who is currently licensed as a pharmacist in the state in which she is practicing; and failing to follow Oklahoma pharmacy laws and regulations in the practice of pharmacy for the Oklahoma portion of the nonresident pharmacy's practice or operation. **License placed on probation for three years until January 25, 2020. $5,000 fine.**

Calendar Notes

The Board will meet on **Wednesday, May 3, 2017,** and **Wednesday, June 28, 2017.** The Board will be closed **Monday, May 29** for Memorial Day and **Tuesday, July 4** for Independence Day. Future Board dates will be available at *www.pharmacy.ok.gov* and will be noted in the July *Newsletter*.

Change of Address or Employment?

Please be diligent in keeping your information up to date and if possible, remind your coworkers and employees. Failure to notify the Board is a violation of Oklahoma pharmacy law. All pharmacists, technicians, and interns must notify the Board in writing within 10 days of a change of address or employment. Online updates through the license renewal page are also accepted as official notification.

Special Notice About the Newsletter

The *Oklahoma State Board of Pharmacy Newsletter* is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. The Board encourages you to keep them for future reference.

Oklahoma Pharmacists Helping Pharmacists

If you or a pharmacist you care about is suffering from chemical dependency, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP help-line at 1-800/260-7574 ext. 5773. All calls are confidential.

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