



Arizona State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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The Board Is on Facebook

Follow the Arizona State Board of Pharmacy for the latest news and updates at <https://www.facebook.com/Arizona-State-Board-of-Pharmacy-396869467321193>.

Update Your Profile

In an effort to communicate more effectively with its licensees and permittees, the Board noticed that contact information in its system is not always current and up to date. You are required to update your personal contact information and pharmacy employer within 10 days after a change pursuant to Arizona Revised Statutes (A.R.S.) §32-1926. Please use your online profile to update your contact information.

COVID-19 FAQs

As we continue to move forward with the coronavirus disease 2019 (COVID-19) in our lives, a lot of questions continue to come up. The Board has posted an FAQs document and will continue to update it as more information is received. Please save the links below for your reference.

- ◆ **COVID-19 FAQs:** <https://drive.google.com/file/d/1cOdkMhzy3tYsIMUwMJk0OPwbpXDzHHFP/view>
- ◆ **COVID Resources:** <https://pharmacy.az.gov/node/24>

Annual Controlled Substance Reminder

Pursuant to A.R.S. §36-2523(B),

A person who holds a permit to operate a pharmacy issued under title 32, chapter 18 shall inventory schedule II, III, IV and V controlled substances as prescribed by federal law. The permit holder shall conduct this inventory on May 1 of each year or as directed by the Arizona state board of pharmacy. The permit holder shall also conduct this inventory if there is a change of ownership or discontinuance of business or within ten days of a change of a pharmacist in charge.

New Update – Scam Alert

The Board has been alerted that some individuals have received telephone calls from persons **falsely** claiming to be Board staff or law enforcement. These **scam** letters and phone calls have “spoofed” the Board’s telephone numbers and therefore appear to originate from the Board. The Board has been told that the tone of these calls may be hostile, and in some cases, scammers have falsely claimed that a specific action is needed to prevent a pharmacist license from becoming suspended.

Please keep the following in mind to protect your information:

- ◆ A phone call originating from the Board office will show “Unknown” on the caller ID, not the office number itself.
- ◆ If you receive a phone call that shows a phone number on your caller ID, ask for the person’s name, let them know you are busy, and that you will call them back.
 - ◇ The person’s name and number can be verified on the Board’s website.

National Pharmacy Compliance News

April 2021



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.

Guidelines, Materials Available to Health Care Providers for Safely Administering COVID-19 Vaccines

Guidelines and materials are available to support health care providers with safely administering the coronavirus disease 2019 (COVID-19) vaccine, including safe practice recommendations from the Institute for Safe Medication Practices (ISMP) and a United States Pharmacopeia (USP) toolkit.

After numerous reports of errors or hazards associated with the administration of COVID-19 vaccines, ISMP is sharing [safe practice recommendations](#).

A new USP toolkit is also available to facilitate operational efficiencies that can help accelerate delivery and support safe handling of COVID-19 vaccines while maintaining quality and ultimately the public's trust. Download the USP [toolkit](#).

FDA Issues Guidance to Protect Consumers From Methanol Poisoning

Food and Drug Administration (FDA) has issued guidance for industry, *Policy for Testing of Alcohol (Ethanol) and Isopropyl Alcohol for Methanol, Including During the Public Health Emergency (COVID-19)*. The guidance is intended to help pharmaceutical manufacturers and pharmacists who engage in drug compounding to avoid using pharmaceutical alcohol contaminated with or substituted with methanol in drug products. FDA noted that methanol is not an acceptable ingredient for any drug product and should not be used. The guidance is available on the FDA [website](#).

Standardize Concentrations for Oral Liquid Preparations

This column was prepared by ISMP, an ECRI affiliate. Have you experienced a medication error or close call? Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and FDA. To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert! newsletters at www.ismp.org.

Few would disagree that standardizing the concentrations of drugs has enormous potential for increasing safety, especially

in pediatric care. Standardization limits the risk of variation, especially when patients are transitioned from hospital to home or have prescriptions filled at different pharmacies. However, ISMP has learned of multiple instances in which unrecognized differences or changes in drug concentrations led to confusion and dosing errors.

In one example, a patient was prescribed hydroxyurea, an antineoplastic agent. The community pharmacy compounded a 50 mg/mL suspension for the patient with instructions to take 13 mL (650 mg) for each dose. When the patient was later admitted to the hospital, the inpatient pharmacy prepared their standard concentration of 100 mg/mL, but the same dose volume of 13 mL was ordered. As a result, the patient received doses of 1,300 mg for several days before the error was recognized. It is unclear why the community pharmacy prepared a 50 mg/mL concentration. Perhaps the prescriber ordered that concentration or that was the concentration with which the pharmacist was most familiar.

Similar concentration mix-ups have been reported in literature. In one case, the oral class 1c antiarrhythmic medication flecainide was involved. The parents of a nine-month-old infant were told to increase the child's dose volume of flecainide to 4 mL, assuming the concentration was 5 mg/mL as in the original prescription.¹ However, the parents refilled the prescription at a different pharmacy and received the drug in a 20 mg/mL concentration. The patient received 80 mg/4 mL, a fourfold overdose, resulting in wide complex tachycardia and QRS prolongation.

There have been efforts, including those by a collaborative led by the University of Michigan² and the American Society of Health-System Pharmacists (ASHP)³, to publish lists of consensus and literature-based standard concentrations. In fact, for the medications involved in the cases above, both the University of Michigan and ASHP standard recommendations are in alignment – hydroxyurea 100 mg/mL and flecainide 20 mg/mL. However, the outreach and communication of these standardization efforts do not appear to be reaching prescribers and pharmacists. Both inpatient and outpatient practitioners need to get on the same set of standard concentrations for compounded oral liquids. It is imperative that both medical and pharmacy professional organizations develop and implement effective strategies to reach and influence practitioners to use the published standard concentrations. ISMP urges prescribers and pharmacists to review the University of Michigan and

ASHP lists and consider adopting the proposed standard concentrations. Your efforts can help reduce the risk of medication errors.

It is also important for pharmacists to provide patients or caregivers with appropriately sized metric-only dosing devices (eg, oral syringes) to measure and administer doses. Label directions for patients and caregivers should include the dose in terms of mL (not teaspoonfuls), matching the dosing device. The community pharmacy label should also include the concentration next to the drug name. To be sure patients or caregivers are able to use the dosing device and measure the proper dose, use the teach-back method to demonstrate how to measure and administer prescribed amounts. This also gives pharmacists, patients, and caregivers an opportunity to catch an error.

References

1. Wang GS, Tham E, Maes J, et al. Flecainide toxicity in a pediatric patient due to differences in pharmacy compounding. *Int J Cardiol.* 2012;161(3):178-9.
2. www.mipedscompounds.org/
3. www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx

Opioid Use Disorder Educational Programs, Resources Available for Pharmacists

Through its Opioid Use Disorder (OUD) Education Program, the College of Psychiatric and Neurologic Pharmacists (CPNP) provides educational programs and resources that can help pharmacists during the ongoing opioid epidemic. These educational opportunities include Accreditation Council for Pharmacy Education-approved, on-demand programs covering subjects such as pharmacotherapy for OUD, comorbid disorders, and chronic pain and OUD. Toolkits and guides are available to assist pharmacists in the areas of intervention, medication management, and naloxone access.

These educational materials and resources can be accessed through the CPNP [website](#).

National Diabetes Prevention Program – How Pharmacists Can Get Involved

Pharmacists can play a key role in preventing type 2 diabetes by helping to expand the reach of the National Diabetes Prevention Program (National DPP) – a program led by the Centers for Disease Control and Prevention (CDC) that makes it easier for patients with prediabetes or who are at risk for type 2 diabetes to participate in evidence-based lifestyle changing programs to reduce their risk and improve overall health. CDC offers an action guide for community pharmacists that outlines ways pharmacies can raise awareness of prediabetes. The National

DPP is a partnership among private and public organizations to screen and test for prediabetes and refer people with prediabetes to a CDC-recognized lifestyle change program participating in the National DPP, and deliver the National DPP lifestyle change program. More information about how pharmacists can participate is available on the CDC [website](#).

Surgery Patients Receive More Opioids in the US Than in Other Countries

Patients in the US are prescribed a disproportionately higher number of opioids after surgeries compared to surgery patients in other countries, according to a new study. The study, published in the *Journal of the American College of Surgeons*, reviewed data from 2,024 surgery patients and found that 83% of US patients without pain were prescribed opioids, compared with 8.7% of non-US patients without pain. The authors concluded that US patients are prescribed more amounts of opioids at higher rates regardless of the severeness of their post-surgical pain. The authors recommend that more efforts are made toward ensuring that opioid prescriptions are tailored to patients' needs.

The full text of the study can be accessed by visiting [www.journalacs.org/article/S1072-7515\(20\)32336-X/fulltext](http://www.journalacs.org/article/S1072-7515(20)32336-X/fulltext).

Study Finds 94% Drop in Symptomatic COVID-19 Cases With Pfizer's Vaccine

A study by Israel's largest health care provider, health maintenance organization Clalit, reported that there is a 94% drop in symptomatic COVID-19 cases with the Pfizer vaccine. The study represents 600,000 people who received two doses of the Pfizer COVID-19 vaccine in Israel. Clalit, which covers more than half of all Israelis, noted the same group who received the COVID-19 vaccine doses was also 92% less likely to develop serious illness from the virus. The study compared the vaccine recipient group to another group of the same size and medical history who had not received the vaccines. Read the full study [here](#).

NABP Executive Director/Secretary Addresses Pharmacists' Involvement in COVID-19 Vaccination During FIP Webinar

NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, presented during the International Pharmaceutical Federation's (FIP's) Regulators' Forum on pharmacists' involvement with COVID-19 vaccination on February 4, 2021. The webinar addressed a new regulatory vaccination preparedness self-assessment tool and risk assessment, the expanded roles for pharmacists, and data FIP has collected on vaccinations by pharmacists. View the webinar [here](#).

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- ◆ Do not share your personal information over the phone on an incoming call as the Board already has your information.

Ultimately, the **scam** is designed to ask for a transfer of funds. No agent of the Board staff will ever contact a licensee or permit holder via telephone to **demand** money or any other form of payment over the phone. The Board **cannot** take funds over the phone or through bank transfer/wiring of funds.

If an inspector shows up to your pharmacy, please verify their identity by asking to see their badge/ID. Their name and photograph are also on the Board's website to confirm.

The Board encourages you to contact and file a complaint with the Federal Communications Commission (FCC) using FCC's Consumer Complaint Form, or to contact the Board.

Thank you,

Kam Gandhi, PharmD, RPh
Executive Director

Health Emergency – To Practice in Arizona Using a License From Another State

In order to practice pharmacy in Arizona on a temporary or emergency basis during the COVID-19 public health emergency, you must apply for a National Association of Boards of Pharmacy® (NABP®) Passport at <https://nabp.pharmacy/coronavirus-updates/passport>. Once your NABP Passport has been issued, you must apply with the Arizona State Board of Pharmacy at https://drive.google.com/file/d/16fWmc6uWOpL_2EtwpDpg_RBniedDd-0y/view. Along with the application, you must provide the NABP Passport results, a copy of your photo ID, and a copy of your home state permit. Once your application and all supporting documents are received, they will be reviewed, and the Board will let you know the outcome. Please remember that you cannot work prior to your application being approved.

New Application for Technician and Technician Trainee Licenses

The Board receives seven incomplete applications out of 10. This results in delays in processing and opening licenses for individuals to start working. These incomplete applications also impact the applicants who submit a complete application with all the required documents. The Board is asking all applicants to **only** submit complete applications. This includes submitting all supporting documents. Supplying supporting documents after you submit the application slows the process down. The Board will process the applications in the order they are received. If your application is incomplete, you will be informed with a notice of incompleteness, and the application will be placed back in the queue to be addressed at a future date. Please be aware that if you send an email with the missing documents, the application will not be addressed immediately. That application will have to go through the process again and will be addressed when it returns to the top of the queue.

Disciplinary Actions and Updates – Health Boards

Disciplinary actions for the Arizona State Board of Pharmacy, Arizona Medical Board, Arizona Naturopathic Physicians Medical Board, Arizona Board of Osteopathic Examiners, and Arizona Regulatory Board of Physician Assistants can be found at <https://pharmacy.az.gov/resources/disciplinary-actions/quarterly-updates>.

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