

April 2021

News



Minnesota Board of Pharmacy

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Disciplinary Actions

Because of space limitations, information on disciplinary actions is no longer included in the *Minnesota Board of Pharmacy Newsletter*. A document that provides information about recent Board disciplinary actions can be found on the Board's [website](#) under the "Resources/FAQs" menu item.

Board Officers for 2021

At its December 30, 2021 meeting, the Board elected **Stuart Williams, JD**, a public Board member, to be its president for 2021. He is an attorney with the Minnesota law firm of Henson & Efron, PA, where his practice includes business litigation and environmental law. He was first appointed to the Board in 2011 and was reappointed in 2015 and 2019. Mr Williams also serves as a public member on the Minnesota Board of Medical Practice, the Minnesota Department of Human Services (DHS) Drug Formulary Committee, and the Minnesota Supreme Court's Client Security Board. He formerly served on the Minnesota Boards of Nursing and Psychology and the Minnesota Lawyers Professional Responsibility Board. Mr Williams graduated from the University of North Carolina at Chapel Hill with a bachelor's degree and a juris doctor degree with honors.

The Board elected **Stacey Jassey, PharmD, RPh**, to be its vice president for 2021. Former Governor Mark Dayton appointed Dr Jassey to her current term in January 2018, but she has previously served on the Board. On March 17, 2008, then-Governor Tim Pawlenty appointed her to a four-year term to fill the position that was vacated by Betty Johnson. Dr Jassey served most of one term but had to resign from the Board in 2011 when a new employer asked her to do so, upon acceptance of employment. Dr Jassey has over 25 years of experience in the pharmacy

profession. She currently works as a medical science liaison (migraines) for Allergen. She has also worked for Genoa, a company with pharmacies that specialize in meeting the prescription needs of mentally ill patients. Her experience includes a position as a community clinical pharmacist for Walgreens, where she also served as one of the nationwide interpreters for Spanish-speaking patients. She also worked as a pharmacist for Target (before the CVS buyout). Dr Jassey has also held positions with other pharmaceutical manufacturers. She is an assistant professor at the University of Minnesota College of Pharmacy, from which she received bachelor of science and doctor of pharmacy degrees.

The Board also re-elected **Cody Wiberg, PharmD, MS, RPh**, to be secretary for 2021. The secretary is a non-voting officer of the Board who is also designated executive director and chief administrative officer. Dr Wiberg received a doctor of pharmacy degree from the University of Minnesota in 1985. He has worked as a clinical pharmacist, hospital pharmacist, community pharmacist, and nursing home consultant. From 1999 until he joined the Board in September 2005, he was the pharmacy program manager for the Minnesota DHS. Dr Wiberg is a clinical assistant professor and pharmacy law course director for the University of Minnesota College of Pharmacy. He is also an instructor and course director for the University of Florida Graduate School, from which he received a master of science degree in pharmacy policy and outcomes in 2009, and a course director for the University of Wyoming Graduate School. Dr Wiberg was named to *Minnesota Physician's* quadrennial list of the state's 100 Influential Health Care Leaders in 2008, 2012, 2016, and 2020. He received the 2017 Century Mortar Club Friend of the College Award from the University of Minnesota College of Pharmacy.

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](#).

COVID-19 Frequently Asked Questions Document

The Board has published a COVID-19 FAQ Document on its [website](#). This document is updated regularly and is currently being reformatted to make it more user friendly. Licensees and registrants are encouraged to check the document regularly for updated information. The provisions in the FAQ document that allow waivers to rules and statutes will be in effect for 60 days after the governor ends the temporary peacetime emergency unless the Board ends some of the provisions earlier. If the Board does so, notification will be given to licensees and registrants in advance. Below are some issues that have recently generated questions to the Board.

Q. Can a retired pharmacist administer vaccines?

A. Yes, but only if the retired pharmacist has an active pharmacist license. Retired pharmacists who have let their license lapse can reinstate their license. The Board will consider waiving the continuing education (CE) requirement for reinstatement for pharmacists who have recently let their license lapse. In addition, the retired pharmacist must meet certain requirements, including:

- ◆ Completion of the immunization training that the Board requires for pharmacists to order and administer vaccines. The Board will allow a retired pharmacist to complete a practical training program of at least 20 hours that is accredited by the Accreditation Council for Pharmacy Education. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- ◆ Having a current certificate in basic CPR, which can be earned through an online program.

Q. Are there opportunities for pharmacists to volunteer to give COVID-19 vaccines?

A. Yes. In response to an anticipated need for volunteers to support Minnesota's vaccine administration effort, the Minnesota Department of Health (MDH) established the State Vaccination Group (SVG) within Minnesota Responds. The SVG will enroll, verify, train, and deploy volunteers to provide staffing surge support to local

public health and state-run vaccination clinics when requested.

Enrollment in the SVG is now open. At this time, the program is enrolling currently licensed and active physicians, physician assistants, nurses, pharmacists, paramedics, podiatrists, and others authorized to draw and inject coronavirus disease 2019 (COVID-19) vaccinations. Because of the limited number of vaccines, volunteers with lapsed licenses/certifications – even if they were previously authorized to administer vaccinations – will not be enrolled at this time. Although, this may change in the future.

Volunteers can be enrolled simultaneously in both the SVG and their local Minnesota Responds unit.

- ◆ If individuals have never registered in Minnesota Responds and are interested in enrolling, they should go to the Minnesota Responds website at <https://mnresponds.org>, select Online Registration, and complete the membership enrollment information.
- ◆ If individuals have already applied with another unit, they should log in, select the organization tab, select all, and choose the State Vaccination Group.

MDH has assigned staff to work with professionals volunteering to support this important public health mission. Part of the support will involve manually verifying professional licenses and ensuring that volunteers have taken the Centers for Disease Control and Prevention COVID-19 vaccination training.

The demand for volunteers will vary and is dependent on the number of vaccines Minnesota receives from the federal government. The number of requests the state receives for volunteers from local vaccination groups will also vary, and may not occur until late spring or summer.

Pharmacist License Renewals

By this time, all pharmacists who wanted to renew their license for the period starting March 1, 2021, should have done so. Pharmacists who did not renew their license by that date should not be practicing pharmacy in Minnesota. Practicing pharmacy without a license is grounds for disciplinary action and can result in the pharmacist having to pay a civil penalty. Pharmacists who have not renewed their license, but who wish to do so, should contact the Board office as soon as possible for instructions on how to renew.

Pharmacy Technician CE

Minnesota-registered pharmacy technicians are reminded that CE reporting is due no later than July 31 of every odd-numbered year. There are now approximately four months left during which technicians can complete and report their CE for the period from August 1, 2019, to July 31, 2021. Upon completion of at least the required 20 hours of CE, technicians can go to the Board's website, select the "Login to My Account" item from the "How Do I" tab in the upper right-hand corner of the page, and certify the completion of their CE. Alternatively, technicians can access a Certification of Completion of CE form on the Board's [website](#) by selecting "Forms" from the top navigation. Fill out and sign the form, then send it to the Board office. Note that technicians who first received their registration from the Board after August 1, 2019, may need to complete less

than 20 hours of CE. Those individuals need to complete an amount of CE that is prorated based on the number of months that they had an active registration during the CE cycle. Those technicians can determine the number of hours that they need to complete by logging in to their account on the Online Services portion of the Board's website.

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