



# Idaho State Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## Access to Naloxone

Idaho allows pharmacists and other health professionals to prescribe and dispense the opioid antagonist, naloxone, to anyone at risk for an opioid-related overdose or anyone who may know of an individual at risk of an opioid overdose. The Idaho Office of Drug Policy has a standing order to obtain naloxone on behalf of eligible agencies. These agencies will then be equipped to administer naloxone and keep an overdose patient alive until they can be transported to an emergency department. The agencies may also distribute the naloxone to individuals at risk of overdose, as well as their friends and family. The Idaho Department of Health and Welfare (DHW) now has a website for organizations in Idaho, such as crisis centers, homeless shelters, and law enforcement agencies, to order naloxone at no charge. You can request the order form by emailing [naloxone@dhw.idaho.gov](mailto:naloxone@dhw.idaho.gov). In addition, DHW has set up a naloxone locator map at <https://hshslocator.dhw.idaho.gov/prevent/default.aspx>.

This interactive map allows individuals to locate naloxone dispensers within a 50-mile radius of a given area. Information on recognizing and responding to an opioid overdose can be found on DHW's website at <https://healthandwelfare.idaho.gov/services-programs/behavioral-health/prevention-offering-support>.

## Pharmacy Robberies – Tips From Law Enforcement

In working with law enforcement and retail partners on the West Coast, the Idaho State Board of Pharmacy has seen numerous robberies reported at pharmacies starting in November 2020 and continuing into 2021. While these suspects and crimes have not made their way to Idaho, the Board is reaching out to make you aware of trends that our neighboring states are seeing.

The robbery suspects have become more aggressive, coming in small groups and jumping the pharmacy counter to steal prescription medication and cash from the register. The substances targeted have been primarily oxycodone and promethazine. In some instances, weapons have been displayed by the suspects.

As the Board has communicated in the past, robberies are very infrequent in our area, especially in a pharmacy setting. However, it is always beneficial to review your prevention

practices, training, and response procedures, which should include:

- 1. Prevention** – This is always your best bet. Look at different ways to prevent a would-be robber from choosing your location. What is your staffing level and how engaged are they with customers as they enter your business and approach your pharmacy counter? What are your controls with your narcotics? How easily could a subject access them? These are questions best answered before your business is targeted. Some pharmacies have shown a decrease in robberies when time delay narcotic safes are used. Communication of suspicious activity is crucial. Do not be afraid to call the police to report a suspicious individual or circumstance. The Board would rather deal with the person or situation before it turns into a robbery.
- 2. Preparation** – Because a pharmacy has an increased risk of robberies, you must prepare your employees for these critical incidents. Frequent and proper training will increase the safety of your employees and customers. In addition to training, consider your layout and security systems. What is the visibility around your location? How well can you see customers entering your building? Are your cameras positioned to capture a subject's face and possibly provide a deterrent? Do you have cameras outside your building?
- 3. Response** – Create resource packets with items that employees will need after a robbery has occurred. Items to include are response checklists, identification sheets, a listing of people to alert inside your company, etc.

Your goal is to ensure the safety of your employees and customers. An ounce of preparation and prevention now is worth a pound of cure for your business' future. Check with local law enforcement for more information.

## Legend Drug Donation Act

For many years, Idaho has allowed the donation of intact legend drugs by qualified donors to qualifying charitable clinics or centers for use by medically indigent patients, who are defined as individuals unable to afford a prescribed legend drug due to a lack of resources or insurance. Qualified donors included pharmacies, hospitals, nursing homes, drug manufacturers, wholesale distributors, and prescriber drug outlets. In 2019,

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# National Pharmacy Compliance News

June 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](http://www.ismp.org) or by email to [ismpinfo@ismp.org](mailto: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](http://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.<sup>1</sup> 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 Michigan<sup>2</sup> and the American Society of Health-System Pharmacists (ASHP)<sup>3</sup>, 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/](http://www.mipedscompounds.org/)
3. [www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx](http://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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the definitions of qualified donors and repositories in the Idaho Legend Drug Donation Act were significantly expanded. Notably, qualified donors now include any donation repository and all members of the public, and repositories include any drug outlet. The caveat is that the restrictions on donated drugs still exist, as do restrictions on received inventory. Donated drugs must be in their original packaging and more than three months from their expiration date. They must also be kept separately from normal drug stock and cannot be resold, although a small dispensing fee may be charged. [Drugs for animals can also be donated](#) to any willing veterinarian and have fewer associated restrictions.

Advantages of this program include expanded access to needed therapies and a reduction in pharmaceutical waste and potential abuse. Challenges include space for donated inventory, workflow considerations, identification of medically indigent patients, as well as participating pharmacies and inconsistency in donation volumes. There are successful programs in other states – notably [Good Pill](#) in Georgia and several others in North Dakota that list their repositories and have an inventory search on the North Dakota State Board of Pharmacy [website](#). [SIRUM](#) is a nationwide organization that works with potential donors in all states to find repositories. Participation in these programs is completely voluntary but if you are interested in donating or in establishing a repository, the Board would encourage you to take a more in-depth look at the [Idaho Legend Drug Donation Act](#) and [contact](#) the Board if you have any questions.

## NPLEx

The National Precursor Log Exchange (NPLEx) is a federal real-time electronic tracking and compliance system that tracks sales of over-the-counter pseudoephedrine products, the precursors to the illegal drug methamphetamine. The program is operated by the National Association of Drug Diversion Investigators and the technology is provided by Appriss Health.

When an individual purchases any pseudoephedrine products at a participating retailer, identifying information is submitted to NPLEx. The system cross-references the sale to other pseudoephedrine purchases made by that individual and determines whether that person has purchased more than the daily and monthly allowed quantities. The system automatically blocks the sale if quantities exceed the allowed amount.

Individuals who have been denied purchases may obtain additional information at <https://nplexanswers.com/NPLExAnswers/startForm.go>. They will need the nine-digit number displayed with the denial. For other inquiries regarding NPLEx, please contact Krista McCormick, manager, MethCheck/NPLEx & Subpoena Compliance at Appriss Health, at [kmccormick@apprisshealth.com](mailto:kmccormick@apprisshealth.com) or 502/815-5678.

## 2021 – Mark Your Calendars

Verify your contact information with the Board! The Board uses the email address that **you** provide to contact you about your license and/or your registration. **Updating your email address and other contact information is your responsibility.**

- ◆ Mark your **birth month** – the last day of your birth month is your license/registration expiration date.
- ◆ August 26, 2021 – [Board meeting](#)
- ◆ October 28, 2021 – [Board meeting](#)
  - ◇ The 2022 meeting schedule will be set at this meeting.
  - ◇ The deadline to request an agenda item is six weeks prior to the date of the Board meeting, and applies to the following: reinstatements, appeals of a license or registration denial, waiver, or variance request.
  - ◇ Send written requests to [Nicki.Chopski@bop.idaho.gov](mailto:Nicki.Chopski@bop.idaho.gov). To remain on the agenda, requesters must submit required documents **in advance of a deadline**. The deadline does not apply to comments or requests related to rulemaking; such deadlines are set forth in the Administrative Procedures Act and reiterated in the Board's notices published in the *Administrative Bulletin*.
- ◆ December 31, 2021
  - ◇ **Deadline** to earn 15 hours of continuing pharmacy education (CPE) for 2021.
  - ◇ **Expiration** for facilities licensed/registered in Idaho. Is your facility certificate current? Check [here](#).

## 2022 – Mark Your Calendars

- ◆ January 1, 2022 – new CPE year
- ◆ Mark your **birth month** – the last day of your birth month is your license/registration expiration date.

## Great News!

The Board has made it easy for you to complete everything electronically. All the information you need is right at your fingertips at [www.bop.idaho.gov](http://www.bop.idaho.gov).

The Board website makes it convenient to apply for a new license/registration; renew an existing license/registration; and submit name, address, **email address**, or employment changes online. With so many usernames and passwords to keep track of these days, it is no wonder that the Board receives so many phone calls from people having trouble logging in.

If you find yourself unable to remember your username or password, the easiest way to obtain this information is to follow these steps:

1. Visit [MyLicense Login](#) (under Licensing on the Board website).
2. Select [Recover your Person User ID](#), [Recover your Facility User ID](#), or [Reset your password](#).
3. You will need:
  - a. your Social Security number and last name for individuals; or
  - b. the license/registration number, registration code, or renewal ID for facilities; this information can be found in the renewal notice.
4. After you have entered the information, you will be directed to the Registration page.

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5. Scroll to the bottom of the page, where you can now update your user ID and reset your password. (Remember that these are case-sensitive, so make sure you keep them for your records.) The Board recommends using something other than your email address as your user ID.
6. Click Register.
7. Log in with your new user ID and password.

Please update **all** information that is incorrect. The Board uses the email address that you provide to send renewal notifications and other information. The Board hopes that these instructions make the process of updating your information easier. Of course, Board staff is just a phone call away!

### **Help Is Available for Impaired Pharmacists Through Idaho PRN**

The Board subsidizes the state's Pharmacist Recovery Network (PRN). The primary function of this program is to

assist the impaired pharmacist in every aspect of recovery from chemical dependence, including intervention, consultation, monitoring, advocacy, education, and support. If you need confidential help – or know an associate who does – please contact the program's vendor, Southworth Associates, by phone at 866/460-9014.

### **Special Notice**

The *Idaho State Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy interns, pharmacy technicians, and controlled substance registrants licensed and/or registered by the Board. Please read it carefully.

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**Know a Pharmacist in trouble with  
drugs/alcohol or mental health problems?**

Please contact the Pharmacist Recovery Network for help.  
[www.SouthworthAssociates.net](http://www.SouthworthAssociates.net) 800.386.1695

CONFIDENTIAL Toll free Crisis Line

**24**  
HOUR **866.460.9014**

