



ARIZONA STATE BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

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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.

Be on Alert – Scam

You may receive a call from someone impersonating a Board staff member requesting your personal information as well as attempting to obtain payment via credit card over the phone. Please know that the Board has your information, which you are able to update using the Board website anytime. The Board also does not collect payment over the phone. If you experience this activity, please contact the Board office at 602/771-2727.

Summary of Promethazine With Codeine Diversion Trends

Over the past several years, Drug Enforcement Administration (DEA) offices across the country have seen a marked increase in investigations involving the diversion of promethazine with codeine. Commonly referred to as “Purple Drank,” “Sizzurp,” and “Lean,” this drug is extremely popular within the hip-hop culture, spawning rap lyrics, custom made jewelry, and entire clothing lines centered around promethazine with codeine.

Prescription drug fraud trafficking rings employ highly coordinated and sophisticated techniques to create fraudulent promethazine with codeine prescriptions in paper form, through electronic faxes, and through pharmacy call-ins. These prescriptions are often paired with an antibiotic or steroid to give an air of legitimacy to the fraudulent promethazine with codeine prescription.

The profit potential of promethazine with codeine is exponential. The prices to fill the prescription at the pharmacy are relatively cheap, ranging from less than \$10 to \$35, depending on the pharmacy and use of prescription discount applications such as GoodRx. From a search on the GoodRx website, a prescription for 120 mL of promethazine with codeine can be obtained with a coupon for as low as \$7. Recent intelligence reports document a 240 mL (eight ounce) prescription bottle of promethazine with codeine selling for an average street price of \$1,000, a markup of nearly 30 times its value! A Reddit feed from February 2021 discusses pricing for different brands of promethazine with codeine, which vary from \$900 to over \$9,000 per pint bottle, depending on the brand name and the color of the syrup. From discussions with DEA field offices, prices vary by geographical location with pint bottles selling for as high as \$4,500 per bottle in parts of the Midwest. This markup offers drug trafficking organizations a high profit potential with little risk.

Several areas across the country are also seeing an increase in pharmacy burglaries and armed robberies targeting promethazine with codeine. In August 2021, four Tucson-area Walgreens pharmacies were robbed at gunpoint and the assailant specifically demanded “Lean.”

Counterfeit promethazine with codeine is another emerging trend. Large volumes of single-entity promethazine are being diverted and adulterated with an illicit opioid, usually fentanyl or heroin, which is injected into the bottles through heating the plastic nub on the bottom. These bottles are then relabeled with promethazine with codeine labels and sold on the street as such.

Another emerging trend has been the “pill mill” model of a doctor writing prescriptions lacking any substantiated legitimate medical purpose. These prescriptions are then filled at a cooperating pharmacy; however, instead of writing and filling prescriptions for opioid pills, the prescriptions are for promethazine with codeine.

Relevant articles:

- pubmed.ncbi.nlm.nih.gov/32748711/
- www.goodrx.com/blog/promethazine-with-codeine-discontinued-over-abuse/

- www.drugwatch.com/promethazine/
- www.latimes.com/entertainment/music/posts/la-et-ms-lean-purple-drunk-sizzurp-pictures-photogallery.html
- www.bloomberg.com/news/features/2017-03-09/hip-hop-s-unlikeliest-icons-promethazine-codeine-syrup-manufacturers
- thewaveclinic.com/blog/the-escalating-use-of-over-the-counter-otc-drugs-in-teenagers-and-young-adults/
- fox59.com/news/indy-man-faces-federal-charges-for-allegedly-stealing-1-million-in-cough-syrup-from-cvs-warehouse/amp/
- www.wsparx.org/news/369302/Thieves-targeted-and-stole-promethazine-with-codeine.htm

Renewal for 2021

Please check your license or permit to see if you are due for renewal this year. Renewals end November 1, 2021. If you renew your license or permit after November 1, 2021, you will be subject to a late renewal fee.

Board Meeting Dates for Calendar Year 2022

Pursuant to A.R.S. §38-431.02(A)(1)(a), the Board hereby states that all notices of the meetings of the Board and any of its committees and subcommittees will be posted at the office of the Board at 1616 W Adams St, Suite 120, Phoenix, AZ 85007. This location is open to the public Monday-Friday from 8 AM to 5 PM, except for legal holidays and state-mandated furlough days. Notices will indicate the date, time, and place of the meeting and will include an agenda or information concerning the manner.

Meeting dates and times are subject to change with Board approval. Meeting the deadline for application submission does not guarantee inclusion on the agenda – reference Section R4-23-602 Permit Application Process and Time Frames.

Date	Start Time
February 9-10, 2022	8:30 AM
April 6-7, 2022	8:30 AM
June 8-9, 2022	8:30 AM
August 10-11, 2022	8:30 AM
*October 5-6, 2022	8:30 AM
December 7-8, 2022	8:30 AM

*Subject to change

Updated Standing Order for Naloxone From Arizona Department of Health Services

Visit this [link](#) to view a new, updated naloxone standing order from Dr Lisa Villarroel at the Arizona Department of Health Services.

Incomplete Application Submissions

The Board continues to receive an alarming number of incomplete applications. This is resulting in delays because the licensing team is engaged in following up with the applicants via phone or email versus processing the applications. The Board requests that **only** complete applications with **all** supportive documents be submitted.

HB 2621 Prior Authorization Forms; Pharmacists' Feedback

House Bill (HB) 2621 (Chapter 115, Laws 2021) requires the director of the [Arizona Department of Insurance and Financial Institutions \(DIFI\)](#) to approve two standardized prior authorization forms that health insurers will be required to adopt and providers will need to use beginning January 1, 2023. In accordance with the bill, DIFI is seeking stakeholder input on the draft prior authorization forms from providers, health care services plans, utilization review agents, pharmacists, and pharmacy benefit managers.

Background on the development of the uniform draft forms is included below.

HB 2621 requires that the prior authorization forms must:

1. Not exceed two printed pages. This two-page limit does not apply to or include a provider's notes or documentation that the provider submits in support of a prior authorization request.
2. Meet the electronic submission and acceptance requirements prescribed in [section 20-3403](#).

After a comprehensive review, DIFI identified two states' forms that have been in use for several years, involved extensive and varied stakeholder engagement in the development process, and meet the requirements of Arizona law. Those forms are in use in Texas and Massachusetts.

Texas: Texas Insurance Code Chapter 1217 required the commissioner to prescribe prior authorization forms with input from an advisory committee. The rule prescribing the standard forms was adopted on December 1, 2014, and insurers were required to accept the forms beginning September 1, 2015. No changes have been made to the form since that time. The advisory committee, composed of equal numbers of members representing physicians, nonphysician providers, hospitals, health benefit plans, and the Texas Health and Human Services Commission, met in three in-person sessions to provide input on the form's content. The Texas form meets the two-page requirement, contains all of the necessary elements, and is compatible with electronic medical records (EMRs).

Massachusetts: The Massachusetts forms have been in use since November 2015. The form is streamlined at two pages and contains all of the necessary elements. Massachusetts utilized an organization called the Mass Collaborative to develop its prior authorization forms. The Collaborative, established in 2009, is made up of providers, hospital administrators, and insurers. The form meets the two-page requirement, contains all of the necessary elements, and is EMR compatible.

The Arizona forms are based predominantly on the Texas forms with nominal elements of a Massachusetts form. The forms were designed to ease administrative burdens while still collecting necessary pharmacological information, including information needed to identify dangerous medication interactions or those medications that are potentially addictive.

Feedback may be sent to PriorAuth@difi.az.gov by or before October 29, 2021.

Please do not hesitate to contact Erin Klug, assistant director - Arizona Department of Insurance and Financial Institutions, at 602/364-3762 or by email at erin.klug@difi.az.gov if you have any questions.

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>.

National Pharmacy Compliance News Now Available!

Visit NABP's website for the latest regulatory updates and news from FDA, USP, NABP, and more.

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