



UTAH BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

HB 178 and the Impact on Pharmacy Practice

In March 2021, Governor Spencer J. Cox signed House Bill (HB) 178 Pharmacy Practice Modifications into law. This law is an exciting opportunity for Utah pharmacists. It allows pharmacists to practice at the top of their license and provide necessary health care services to the communities they serve. The intent of this law is to provide more qualified resources to patients, especially those with limited access to health care, and better triage care.

As of January 1, 2022, pharmacists are permitted to prescribe certain non-controlled prescription drugs or devices that have been recommended by the Utah Board of Pharmacy and approved by the Utah Division of Occupational and Professional Licensing (DOPL). The Division has approved guidelines for prescribing medications for the following indications:

- Self-administered hormonal contraceptives
- Naloxone
- Smoking cessation
- Post-exposure HIV prophylaxis
- Pre-exposure HIV prophylaxis

Pharmacists have been able to prescribe self-administered hormonal contraceptives and naloxone under standing orders for several years. Under this new law, pharmacists can continue to provide these services outside the standing order and also provide additional services. Prescribing for each of the indications listed above requires pharmacists to follow established guidance documents. These documents specifically outline the inclusion and exclusion criteria for care and situations where referral to a medical provider is required.

HB 178 does allow for additional indications to be considered for pharmacists to prescribe devices and medications. The Board will review and update guidance documents annually and work closely with the Utah Department of Health and the public to determine if additional indications need to be considered for inclusion in pharmacy practice.

Pharmacy Staff Supervision in the State of Utah

By Ross Urry, PharmD Candidate, University of Utah College of Pharmacy, Class of 2022

As designated in various Utah statutes and rules, levels of supervision promote uniformity and consistency. Proper supervision of pharmacy personnel ensures that services provided to patients through the practice of pharmacy are delivered to the right patient, at the right dose, at the right time, through the right route.

Supervision Definitions (Utah Code Section R156-1-102a)

1. Supervising licensee
 - a. A licensee who meets requirements to act as a supervisor.
 - b. Agree to supervise an unlicensed individual or licensee who requires supervision.
2. Direct/Immediate supervision – Supervising licensee:
 - a. Is present **and** available for face-to-face communication when and where occupational professional services are provided.
3. Indirect supervision – Supervising licensee:
 - a. Has provided either written or verbal instructions to the person being supervised.
 - b. Is present in the facility or located on the same premises where the person being supervised is providing services.
 - i. Available to provide immediate face-to-face communication as necessary.
4. General supervision – Supervising licensee:
 - a. Has authorized work to be performed by the person being supervised.
 - b. Is available for face-to-face or direct voice contact without regard to supervising licensee being present in the facility or located on the same premises where the person being supervised is providing services.
 - c. Can provide consultation within a reasonable period of time, and personal contact is routine.

Supervision of Pharmacy Personnel

- Pharmacy Technician Trainee
 - Direct supervision (Utah Code Section R156-17b-601)
 - Cannot exceed a ratio of one pharmacy technician trainee to one pharmacist.
 - Please check DOPL's coronavirus disease 2019 [website](#) for the pharmacy technician trainee-to-pharmacist ratio during the public health emergency.
- Pharmacy Technicians
 - Practice of pharmacy – General supervision (Utah Code Section 58-17b-102)

- Checking medications (Class B hospital pharmacy) – Direct supervision (Utah Code Section R156-17b-601)
- Administering immunizations – Direct supervision (Utah Code Section R156-17b-601)
- Pharmacy Interns
 - Indirect supervision (Utah Code Section R156-17b-606)
 - The pharmacy preceptor is responsible for the pharmacy interns' actions related to the practice of pharmacy. (Intern = paid or unpaid)
 - Up to two pharmacy interns during a working shift or up to five pharmacy interns at a public health outreach program.

Exhausted Refills of Insulin

By Gary Hale, RPh, Board Member

How many times in your career as a pharmacy employee has a patient come to the pharmacy for their Lantus®, Humalog®, or to get a prescription of OneTouch® test strips, and the patient's insurance only covers FreeStyle® Lite? Or the patient is out of refills, and you say to them, "we have to call your prescriber to get you a new prescription." HB 207, which was passed in 2020 and signed into law by former Governor Gary Herbert, resolves some of those problems. Advocacy groups are concerned that pharmacists in Utah are not aware of the changes to the law and that some patients may be harmed because they are unable to utilize these new provisions.

Pharmacists in Utah can process a one-time emergency fill of an exhausted prescription for any insulin that a patient may be using if it has been less than six months since the prescription expired and dispense up to a 60-day supply. Pharmacists can also top off an almost expired prescription and fill up to a 90-day supply of insulin for the patient depending on the insurance limitations. The pharmacy is expected to notify the prescriber of the emergency fill within 30 days and obtain a new prescription from the prescriber.

Pharmacists can make a therapeutic change for patients whose insurance company prefers Lantus over Basaglar®, or Semglee® and Humalog over Novolog®, or Admelog® or Apidra®. Please document the change in medication on the hard copy. In addition, a courtesy call to the prescriber is always appropriate.

Prescribers in Utah can write for a generic glucose monitor and let the pharmacy determine the best meter based on features, cost, and insurance coverage, without having to chase down the prescriber for lancets, test strips, meters, syringes, and pen tips. This saves a lot of time and can give the patient the ability to continue monitoring their health.

Another option is the Utah Insulin Savings Program: utahinsulin.net. This program can help underinsured patients with their insulin co-pays and cash prices. The patient needs to sign up for the program and get the billing information to the pharmacy. The insulin from the limited list must be billed as a primary claim and then billed to insurance as a secondary claim if it is allowed.

There are also other patient support programs available at *novocare.com*, *lillycares.com*, *basaglar.com*, *lantus.com*, and *semglee.com*. Try to offer this information to all your insulin-dependent patients. Insulin rationing can hopefully be eliminated as well as bus trips to buy insulin in Canada.

I had a patient who ran out of their Admelog on December 30. Their prescriber was away for the holiday, and it was a wonderful feeling knowing that I could help out the patient and keep them on their treatment. It was great to do the right thing for the patient and have it be legal as well.

A few years ago, pharmacists were having to break open insulin pen boxes to placate insurance companies and their very rigid day supplies. Pharmacy is now in a much better place to care for diabetic patients, and many different tools are available to improve patient outcomes and make an expensive disease more manageable.

I do admit though, I have not figured out how to bill insurance for this pharmaceutical care service and get reimbursed for it, so there is still more work to be done.

Inform the CSD When Returning CS Prescriptions to Stock

Returning a controlled substance (CS) or drug of concern to stock may require changing a prescription already sent to the Controlled Substance Database (CSD). The CSD can accept the following three methods:

- 1. Electronically through the pharmacy software system:** if your pharmacy software systems allow a void command to be submitted electronically, then make sure that the following fields are **not** altered, or the void may fail when sent:
 - DSP02 The prescription number
 - DSP03 Date the script was written
 - DSP05 Date the script was filled
 - DSP06 The script's refill number
 - DSP17 Date the script was sold
- 2. Using the universal claim form at utpdmp.rxgov.com:** using the claim form will require that the same fields as above are **not** altered; all the required pharmacy, patient, dispensing, provider, and pick-up fields must be entered; and the Reporting Status (DSP01) must be set to Void. More information can be found in the [dopl.utah.gov/csd/June_2020_Utah-RxGov_Dispensing_Guide_\(1\).pdf](http://dopl.utah.gov/csd/June_2020_Utah-RxGov_Dispensing_Guide_(1).pdf) on pages 21-28. You will need these fields:
 - PHA01 Pharmacy NPI #
 - PHA02 NCPDP/NABP #
 - PHA03 Pharmacy DEA #
 - PAT07 Last Name
 - PAT08 First Name
 - PAT12 Address

- PAT14 City
- PAT16 Zip Code
- PAT18 Date of Birth
- DSP01 Status
- DSP02 RX #
- DSP03 Date Written
- DSP04 # of Refills
- DSP05 Date Filled
- DSP06 Refill #
- DSP07 Drug Type
- DSP08 Drug ID
- DSP09 Quantity
- DSP10 Days Supply
- DSP12 RX Origin
- DSP17 Date Sold
- PRE02 Prescriber's DEA #
- AIR03 ID State AIR04 ID Type AIR05 Patient ID AIR07 Last Name AIR08 First Name
- AIR09 PHD Last Name
- AIR10 PHD First Name

3. An email may be sent to csd@utah.gov, but to avoid sending personal private information or protected health information, only send the following data points:

- PHA02 The NABP/NCPDP number of the pharmacy
- PHA10 Phone number of the pharmacy
- DSP17 Date the script was sold
- DSP02 The prescription number
- A description of the correction to be made or that it is a return to stock and needs to be voided; include a statement that the pharmacist-in-charge authorizes the void.

To request a walk-through or training on methods 2 or 3, please contact the CSD at 801/530-6220.

CSD and DSP12 for 2022

The CSD recently announced a change in the American Society for Automation in Pharmacy Version 4.2 fields required for reporting each prescription record, namely, DSP12 Transmission Form of Rx Origin Code. This is in conjunction with the requirement that all CS and drugs of concern be sent to

pharmacies electronically. As of January 2022, submissions will receive a warning that the field is missing; after March 30, 2022, the system will issue an error and the data will be held until the field is provided. The following are the codes that the system will allow:

01 Written Prescription

02 Telephone Prescription

03 Telephone Emergency Prescription

04 Fax Prescription

05 Electronic Prescription

06 Transferred/Forwarded Rx

99 Other

Check with your software vendor to make sure that you are collecting and providing the field to the CSD. For questions and testing, contact the CSD at 801/530-6220.

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SafeUT

Would you like to chat with someone confidentially to help you with any problems you are facing? Download the free SafeUT Frontline app from your smartphone's app store. The SafeUT Frontline app provides a way to connect to licensed mental health professionals trained to help you deal with the unique challenges faced by first responders on a daily basis. Support for you and your family is always available at no cost through the SafeUT Frontline app.

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