



TENNESSEE BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Forged Prescriptions Continue to Be Found Across Tennessee Pharmacies

Be aware of the continued promethazine/codeine cough syrup scams. Tennessee Board of Pharmacy staff has been notified of faxed prescriptions that appear in electronic prescription format, as well as verbal call-ins and forged hard copy prescriptions.

Verify these prescriptions when applicable. Pharmacies are encouraged to contact Drug Enforcement Administration (DEA) or law enforcement when these prescriptions are presented.

Don't Wait to Renew Your License

Licenses are eligible for renewal 60 days prior to the expiration date. The administrative office encourages pharmacists and pharmacy technicians to renew online as soon as possible to avoid any delay or lapse in licensure. Some mailed-in payments require a five-day hold before the payments are reflected in your account, which could cause a lapse in your license. For questions about renewal, please email pharmacy.health@tn.gov or call 615/253-1299.

2022 Legislative Update

Although non-health related, the 2022 legislative session was an active one, which saw the legislature address legislative and congressional redistricting. Two other hallmark pieces of legislation for this past legislative session included the Truth in Sentencing Act, which implemented mandatory sentences for certain criminal offenses, and the Tennessee Investment in Student Achievement Act, which reformed the school funding approach.

The Tennessee Department of Health (TDH) was successful in two legislative initiatives related to

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the local county health departments and the Controlled Substance Monitoring Database (CSMD). Additional pieces of legislation that pharmacy professionals in Tennessee should be aware of may be found in the [Legislative Update](#) on the Board's website. There are three pieces of legislation that require the Board to review rules: Public Chapter (PC) 812, PC 908, and PC 1010.

PC 812 expands the scope of practice of pharmacy technicians to include performing tasks delegated by the pharmacist, such as participation in drug, dietary supplement, and device selection, storage, and distribution and administration, all of which are consistent with the pharmacy technician's education, training, and experience.

PC 908 permits a pharmacist to enter into a collaborative practice agreement with a physician to provide ivermectin. It requires that the Board adopts rules to establish standard procedures for the provision of ivermectin by pharmacists, including a risk assessment tool and a standardized fact sheet. It also provides civil liability protection against pharmacists who dispense ivermectin pursuant to this statute except under gross negligence circumstances.

The Board office has received several questions relating to PC 908. This law did not allow ivermectin to be sold over the counter. Current collaborative practice rules shall be followed for those who wish to enter into these agreements now.

PC 1010 requires the Board to promulgate rules necessary to ensure that an individual who is blind, visually impaired, or otherwise print disabled has appropriate access to prescription labels, bag tags, and medical guides.

CSMD Updates

Effective July 1, 2022, new data fields are required to be submitted into the CSMD, along with various other changes to the database that were outlined in the [Commissioner's rules](#), in addition to [Board rules](#) regarding the CSMD. These new fields include the prescription fill date and the prescription sold date, which are all outlined in the Tennessee CSMD [Data Collection Manual](#). While there were some issues early on, most have been resolved. As a reminder, make sure that you are aware of who is submitting your information as the data collector and that their contact information is updated with the CSMD team. Any errors will be sent to this person to be resolved. These new data fields are not yet incorporated in CSMD reports but are being considered for future updates. Please email csmd.admin@tn.gov or call 615/253-1305 if you need assistance with the CSMD.

As a reminder, Tennessee Code Annotated (TCA) §53-10-310 requires a dispenser to check the database:

(e)(2) When dispensing a controlled substance, all healthcare practitioners, unless otherwise exempted under this part, shall check the controlled substance database prior to dispensing one (1) of the controlled substances identified in subdivision (e)(4) to a human patient the first time that patient is dispensed a controlled substance at that practice site. The dispenser shall check the controlled substance database again at least once every six (6) months for that human patient after the initial dispensing

for the duration of time the controlled substance is dispensed to that patient. The initial dispensing check fulfills the check requirement for the first six-month period. An authorized healthcare practitioner's delegate may check the controlled substance database on behalf of the healthcare practitioner . . .

View the complete TN Code §53-10-310 statute [here](#).

Buprenorphine Guidelines Updated per the Tennessee Department of Mental Health and Substance Abuse Services

At the March 8, 2022 Board meeting, Dr Wes Geminn, chief pharmacist and state opioid treatment authority for the Tennessee Department of Mental Health and Substance Abuse Services, presented updated buprenorphine guidelines. In his presentation, Dr Geminn conveyed the following changes:

Section 1: Prior to Treatment in part (A)(2)(b): "Other clinicians may diagnose opioid use disorder, however a diagnosis of opioid use disorder must be made by the prescriber prior to initiation of pharmacotherapy . . ."

Also in **Section 1: Prior to Treatment (F). Requirements for Benzodiazepine Co-Prescribing** in part:

1. Benzodiazepines should only be prescribed to a patient after careful evaluation while utilizing caution and good judgement. Benzodiazepines may be prescribed to a patient on buprenorphine or a buprenorphine and naloxone combination under the following conditions:
 - a. Patients who present with a longstanding prescription for benzodiazepines for a legitimate medical condition from another prescriber may be initiated on buprenorphine containing products by a DATA waived prescriber. Contact should be initiated with the prescriber of the benzodiazepine to coordinate care and clear documentation should be recorded in the patient's medical record.

Additionally, he explained that **Section II: Initiating Treatment A. Indications for Buprenorphine Without Naloxone** had been strengthened to include the following:

1. Buprenorphine with naloxone product formulations **shall** be considered for all patients; exceptions are only allowable for those who are pregnant, nursing, or have a documented adverse reaction or hypersensitivity to naloxone pursuant to TCA 53-11-311.

Regarding naloxone, he relayed the following from **Section II: Initiating Treatment D. Patient Management:**

4. Naloxone
 - a. All patients being treated for, or with a history of, opioid use disorder shall receive naloxone, or a prescription for naloxone, to prevent opioid overdose.
 - b. All patients will also receive naloxone education on administration, use and signs or symptoms of an overdose.

c. Naloxone may be administered to pregnant patients in the case of opioid overdose.

For pregnancy, Dr Geminn indicated the following:

Section IV: Appendices Appendix L - Special Populations L.3 Women Who Are Pregnant or Breastfeeding:

According to the ASAM Guidelines, pregnant women who are physically dependent on opioids should receive either methadone or buprenorphine treatment rather than withdrawal management or counseling alone. Treatment with these agents should be initiated as early as possible during pregnancy. Potential for adverse effects with initiation of buprenorphine is mostly seen in the third trimester. Consider hospitalization for treatment initiation in this subpopulation.

And, last of all, regarding special populations, he discussed the following:

Section IV: Appendices Appendix L - Special Populations L.4 Co-Occurring Psychiatric Disorders

In the case of opioid use disorder, the most dangerous medications to recommend or prescribe are those that depress respiratory drive, such as the benzodiazepines. However, the use of alcohol, cannabis, stimulants, benzodiazepines, sedative-hypnotics, and/or other addictive drugs or substances should not be the sole reason to withhold or suspend needed treatment.

To view the updated guidelines, click [here](#). For additional questions, contact Dr Wes Geminn at Wesley.Geminn@tn.gov.

DEA Commits to Expanding Access to Medications for Drug Addiction Treatment

DEA is moving to allow providers working in hospitals, clinics, and emergency rooms to prescribe a three-day supply of medication treatment for opioid use disorder and “to express support for the use of medication-assisted treatment for those suffering from substance use disorder.” Click [here](#) for more detailed information.

Board Changes Bedside Delivery Attestation Form

During the September 14, 2021 Board meeting, a request was made to make changes to the Bedside Delivery Attestation form. Section 3 of the form stated, “Delivery must occur by **certified** pharmacy technician, pharmacist or pharmacy intern.” The question was raised if non-certified pharmacy technicians can assist with bedside delivery due to the challenges of employing certified pharmacy technicians and a need for certified pharmacy technicians at a higher level. After the discussion, the Board approved the change to Section 3 of the [Bedside Delivery Attestation form](#) from “certified” to “registered pharmacy technician.” The change is now reflected on the online form.

CSMD Director Changes

David “Todd” Bess, PharmD, retired from his position with the CSMD office as of April 8, 2022. Dr Bess was instrumental in working with many other officials and stakeholders in increasing the use of workable tracking software to help health care providers in and out-of-state with controlled substance drug utilization review.

Also known as the prescription monitoring program, the database can now check prescriber dispensing to patients in 30 states, including the recent addition of Colorado. The Board thanks Dr Bess for his dedication and service, guiding the CSMD and its staff.

The Board also thanks Investigator Andrea Miller, PharmD, DPh, CISC, who graciously stepped up to serve as interim CSMD director for several months, providing a unique perspective for the Board and CSMD teams. Dr Miller served in that position until Peter “Pete” Phillips, DPh, was named director on July 18. Having experience in both inpatient and outpatient settings, Dr Phillips most recently served as a pharmacy clinical application coordinator for the last seven years, building and implementing the electronic health record for TDH. Dr Phillips graduated from the University of Health Sciences and Pharmacy in St Louis.

Blane Joins the Board as Pryse Leaves

The Board welcomes newly appointed member Marlin “Marty” Blane, PharmD, JD, to the Board. Dr Blane is the owner of Dover Family Pharmacy in Dover, TN, and teaches pharmacy law at Union University College of Pharmacy. He received his pharmacy degree from the University of Tennessee Health Science Center (UTHSC) College of Pharmacy with honors, and later received his law degree from the University of Tennessee (UT) College of Law. He serves as a preceptor for Tennessee pharmacy schools and is a member of several pharmacy and law professional organizations. The Board appreciates his willingness to serve and looks forward to his expertise in law and independent pharmacy practice. Additional biographical information regarding Dr Blane may be found [here](#).

Dr Rissa Pryse leaves the Board after completing her term. Welcomed at the November 16, 2015 Board meeting, Pryse served her six-year term and stayed on until Dr Blane was appointed. Not only did she serve as president through much of the coronavirus disease 2019 crisis, but she also volunteered to serve on the committee discussing the hormonal birth control collaborative care initiative to develop the Board Rule Chapter 1140-15. The Board thanks Dr Pryse for her service and dedication to the pharmacy profession and the citizens of Tennessee.

Bynum to Serve Full Term on the Board

Weakley County Mayor Jake Bynum was selected to serve a full six-year term as the consumer member on the Board after completing the term of Ms Lisa Tittle since the December 1, 2020 Board meeting. The Board thanks Ms Tittle for her service.

Since August 7, 2014, Bynum has served as mayor of Weakley County while sitting on many other Weakley County boards, including the Chamber of Commerce, Economic Development, and the

Volunteer Community Hospital. Additional biographical information regarding Mayor Bynum may be found [here](#).

Board Member McKinney Appointed to UT Board of Trustees

Shanea McKinney, PharmD, who attended her first Board meeting on December 1, 2020, was appointed to the UT Board of Trustees by Governor Bill Lee to represent Shelby County. According to Dr McKinney, Governor Lee appointed her to the Board to fulfill an existing term, caused by an early vacancy. Her term on the Board of Trustees was originally set to end in 2022.

Dr McKinney, a 2008 UTHSC College of Pharmacy graduate, works for Cigna Healthcare as the senior advisor of product management in Memphis, TN. Her experience includes serving as general manager of operations in long-term care with Omnicare, oncology pharmacy with Baptist Memorial, and as a clinical pharmacist for Sedgwick, a worker's compensation company. The Board congratulates Dr McKinney on her new governor-appointed state of Tennessee position and looks forward to her continued input as she serves the second part of her six-year term with the Board. Additional information on the hiring may be found [here](#), and the governor's announcement of appointees can be found [here](#).

Tennessee Pharmacy Recovery Network

The Tennessee Pharmacy Recovery Network (TPRN) was recently selected by the Board to continue as the peer assistance program for the next three years. If pharmacists, pharmacy students, or pharmacy technicians need help with addiction or know an associate who does, please contact Dr Baeteena Black, TPRN program director, or Dr Nancy Hooper, TPRN Manager of Recovery and Well-Being Services, by phone 615/256-3023, or by email at bblack@tnpharm.org or nancy@tnpharm.org. More information, including the reporting form, is located on the TPRN [website](#).

Disciplinary Actions

For disciplinary actions taken against registrants licensed with the health-related boards, click [here](#).

Report Theft or Significant Loss of Controlled Substances

Per Title 21, Code of Federal Regulations, Section 1301.76(b), registrants must notify their local DEA office, in writing, of the theft or significant loss of controlled substances within one business day of discovery. Tennessee registrants may now satisfy this requirement by submitting all relevant information via email to tntheforloss@usdoj.gov. Registrants must still complete DEA Form 106 and may do so online via the [DEA website](#). You may satisfy the Board regulation to immediately report theft or loss by sending a copy to pharmacy.health@tn.gov.

Board Meeting Schedule

The Board extends an open invitation for all registrants and the general public to attend its public meetings at 665 Mainstream Drive, Nashville, TN 37243. The meetings are currently scheduled to

begin at 9 AM. It is advised to check for schedule changes on the Board website under the [Meeting Schedule](#) tab. The next Board meeting is January 24-25, 2023.

Tennessee Board of Pharmacy Members

- Dr Adam Rodgers, President
- Dr Melissa McCall, Vice President
- Dr Richard Breeden, Board Member
- Dr Shanea McKinney, Board Member
- Dr Marty Blane, Board Member
- Dr Katy Wright, Board Member
- Weakley County Mayor Jake Bynum, Consumer Member

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