



UTAH BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Rule Updates

Amendments to the Pharmacy Practice Act Rule went into effect on January 5, 2023.

Changes to the sections of the rule are as follows:

R156-17b-106 Clarification of Use of Shall or May is no longer included. These terms are universally used without differences in their intention in several statutes.

R156-17b-303a Qualifications for Licensure – Pharmacist, Pharmacy Intern, and Pharmacy Technician – Education Requirements updates pharmacy technician and pharmacy technician trainee training program qualifications. The changes in this section add technician programs accredited through the Accrediting Bureau of Health Education Schools (ABHES). If students enroll in a pharmacy technician training that is not American Society of Health-System Pharmacists (ASHP) or ABHES accredited, it must be prior to December 31, 2024, and they must submit a license application prior to December 31, 2025. After December 31, 2024, all technician trainee students will need to enroll in an ASHP- or ABHES-accredited program. After December 31, 2025, all applicants must submit documentation of completing an ASHP- or ABHES-accredited program.

R156-17b-601 Operating Standards – Pharmacy Technician and Pharmacy Technician Trainee. This rule change adds a supervision ratio limitation for a pharmacist working with technician trainees while a pharmacy technician or intern is working on the same shift. Specifically, a pharmacy may have one pharmacist work with one technician trainee, or a pharmacy may have one pharmacist, one licensed pharmacy

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technician or intern, and two pharmacy technician trainees. This requirement adds options for a pharmacist to have an additional technician trainee when other mid-level staff is present.

R156-17b-606 Operating Standards – Pharmacist Preceptor. This rule change adds requirements for preceptors to comply with the Vaccine Administration Protocol, including on-site and general supervision.

R156-17b-608 Delivery Via United States Postal Service, Licensed Common Carrier, or Supportive Personnel. This rule change clarifies standards and requirements with the use of prescription delivery options, including the United States Postal Service, common carriers, or supportive personnel. Requirements include appropriate storage temperature packaging, on-time delivery, integrity of packaging, policies to ensure safe delivery, and replacement policies for drugs if delivery standards are compromised. There is additional language ensuring standards of unused drug redistribution.

R156-17b-612b Operating Standards – Insulin Prescription and Diabetes Supplies. This rule change allows for dispensing therapeutic equivalent supplies for treating diabetes and refers to a list maintained on the Division of Professional Licensing's (DOPL's) website.

R156-17b-623 Standards – Approved Cosmetic Drugs and Injectable Weight Loss Drugs for Dispensing Medical Practitioners. This rule change allows a generic equivalent under Subsection 1(a) for Latisse® or generic equivalent.

R156-17b-627 Operating Standards – Prescription of Drugs or Devices by a Pharmacist. This rule change removes the redundant requirement to review guidance documents on a biennial basis that was previously listed in both subsection 3 and 5. The rule maintains the allowance of input from the Department of Health and Human Services (DHHS) to proposals. If any proposals are submitted, the Utah Board of Pharmacy will contact the DHHS for review.

Other rule changes to keep an eye on include:

R156-37 Utah Controlled Substances Act Rule. Several changes have been made to eliminate unnecessary regulations and maintain consistency with rule writing.

R156-37-102 Definitions. Adds definitions for “electronic controlled substance prescribing extension,” “emergency situation,” and “technical difficulty or electronic failure.”

R156-37-301 License Classifications – Restrictions. Adds the new anesthesiologist assistant license to qualified persons. Additionally, the language for pharmacy types now references the Pharmacy Practice Act Rule definitions, rather than repeating the definitions in this rule.

R156-37-305 Qualifications for Licensure – Drug Enforcement Administration (DEA) Registration – Active License. This rule change adds the requirement to keep the primary license active to maintain the controlled substance (CS) license.

R156-37-502 Unprofessional Conduct. Adds under Unprofessional Conduct, “failing to seek to correct a technical difficulty or electronic failure.”

R156-37-603 Restrictions Upon the Prescription, Dispensing, and Administration of Controlled Substances. This rule change removes the subsection that listed exceptions to prescribing or administering a Schedule II controlled stimulant; the subsection that lists when a practitioner may prescribe, dispense, or administer a Schedule II controlled stimulant remains in place, with clarifications.

R156-37-606 Disposal of Controlled Substances. This rule change adds the requirement to maintain disposal records of CS for five years from the date of disposal.

R156-37-609 Electronic Prescriptions for Controlled Substances. This section of the rule is new in its entirety, requiring documentation of technical difficulties or electronic failures. Additionally, it creates specific requirements for prescriber exemption from electronic prescriptions.

R156-88a Dispensing Practice Rule. This is a new rule chapter correlating with Utah Code 58-88, creating a new license type for dispensing practitioners. This license type is different from the current dispensing medical practitioner as defined in the Pharmacy Practice Act under 58-17b-102(23).

State of Utah CSD Error Correction

There are three general types of errors needing correction in the Controlled Substance Database (CSD).

1. Errors received from the email address of RxGovHelp@egov.com; these errors must be corrected through the [Data Submitting Site](#).
2. Errors received from csdb@utah.gov can be corrected using two different methods. The first is by using the manual entry/universal claim form located at utpdmp.rxgov.com. The second option is to submit a correction/revision through the pharmacy’s normal submission process.
3. Inaccurate or duplicate data found after running a search can be corrected by informing the CSD directly via email to csdb@utah.gov.

If you cannot send a secure email, provide only the pharmacy name, prescription number, and the date sold, along with your contact information. If you can send a secure email, provide the pharmacy name, prescription number, date sold, as well as the patient’s name and date of birth.

Providers can contact the CSD directly with any questions regarding data submission, errors, or corrections. You can also request a copy of the Utah Dispensing Guide.

Direct general database inquiries to csd@utah.gov or call 801/530-6220, Monday through Friday, from 8 AM to 5 PM.

UPHP – Providing Support for Health Care Professionals With SUDs

(previously published in November 2021)

Health care professionals are widely regarded as heroes. This often leads people to believe that they are not susceptible to illness themselves. However, we know that health care professionals suffer from substance use disorders (SUDs) at rates similar to the general population. A study funded by the National Institute on Alcohol Abuse and Alcoholism, part of the National Institutes of Health, found that about 10% of Americans will struggle with an SUD at some time in their lives. According to the American Dental Association’s 2003 Dentist Well-Being Survey, dentists may be even more vulnerable to SUDs than other populations. Substance use begins in a variety of ways. It may start with a prescription for an illness or injury, social drinking, or a way to “wind down” after a long day. We also know that there are genetic risk factors that increase the likelihood of people developing an SUD. In addition to genetic vulnerabilities, we know that health care professionals have additional risk factors that may further increase their susceptibility to SUDs.

These include:

1. high levels of stress
2. exposure to illness, trauma, and death
3. access to prescription drugs

Stress and trauma are known risk factors for misusing substances as a means of “coping.” Access to prescription drugs and familiarity with their effects often increases the likelihood that health care providers will begin to misuse substances. For those who are vulnerable, the consequences are often dire. Tiffanie Brownlee, a registered nurse in Utah, shared her experience: “I diverted medications that, after I had given my patient their portion, I would take the rest of it for myself. It started out as once or twice and then it just became where I had to.”

When health care professionals find themselves struggling with an SUD, they often have no idea where to turn for help. They are afraid to come forward because of concerns that they will lose their livelihood and their community standing. They feel isolated and ashamed. Inevitably, their disease worsens. Eventually, they become hopeless and depressed. They become impaired, and patient care begins to suffer.

Recognizing the need for a program where health care professionals can seek help confidentially, DOPL created the Utah Professionals Health Program (UPHP) to assist health care professionals who have SUDs. Providing a “safe harbor” where health care professionals can confidentially self-report provides many benefits to both licensed health care professionals and the public. Because participation in UPHP is voluntary, the first step is admitting that there is a problem. This is a very difficult step for anyone with an SUD, as their default is denial.

Elizabeth Howell, MD, MS, an addiction psychiatrist and associate professor at the University of Utah, said, “The first thing that I think hits most people is, ‘This can’t be true. I can’t be addicted. I’m too smart. I should know better. I should be able to control this,’ [but] **addiction doesn’t care how smart you are.**” Jared Hemmert, DDS, FICOI, a dental surgeon, recounted how he was running out of his prescription and decided to forge one in another person’s name. When it came time to pick up the prescription, Dr Hemmert said that he had an internal struggle but decided to go through with it. “And all of a sudden, three police cars pull around the building. And they put me in the back of the police car, and they took me to jail. **I still didn’t think I was a drug addict.**”

While admitting that you need help or have a problem is difficult, it is an important step in the healing process. The earlier a person can take this step the better. As SUDs progress, the person’s health and family life deteriorate, legal consequences ensue, and careers as well as patients become endangered. There is also strong evidence that SUDs are linked to burnout and even suicide.

The aim of UPHP is to provide support before these tragic consequences occur. Professions currently eligible to participate in the program include:

- dentists
- dental hygienists
- physicians
- physician assistants
- nurses
- pharmacists
- pharmacy technicians
- veterinarians
- podiatrists

If health care professionals with an SUD find themselves in trouble before reaching out to UPHP, they may have to appear before their professional licensing board. Records of licensing board proceedings are public documents. Public discipline often results in loss of employment, loss of board certifications, inability to get credentialed with insurers and hospitals, and the inability to obtain malpractice insurance.

Alternatively, participation in UPHP can help individuals avoid many of these issues. UPHP does not offer treatment; rather, it identifies relevant resources, makes appropriate referrals for clinical evaluations and/or treatment, and monitors the ongoing recovery and treatment of professionals. Participation in the program is confidential and takes a non-disciplinary and clinical approach. This approach protects public safety and provides health care professionals with an opportunity to demonstrate in a nonpublic, non-disciplinary manner that they can become safe and sober and remain so, while retaining their license. “The goal is to help those health professionals who have substance use disorders continue to practice while being monitored confidentially by our division. Of the thousands of cases that I have seen come through . . . the vast majority have kept their licenses,” said DOPL Director Mark Steinagel.

Those with SUDs can feel isolated, lost, and hopeless. UPHP offers resources and a community to turn to. Brownlee, who did not use UPHP services while getting help for SUD, said, "I wish I would have known about it. I wish I would have known that there already was a village of people out there just waiting for someone like me to come forward and say, 'Please, please, help me.'"

You are not alone. There is hope. To learn more about UPHP, visit UPHP.Utah.gov.

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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