

# IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

Newsletter to Promote Pharmacy and Drug Law Compliance.

## 2025 Overview of Pharmacy Discipline

One of the provisions of the **Idaho Pharmacy Act** is the establishment of the Idaho Board of Pharmacy. The Board shall have all of the duties, powers, and authority specifically granted by and necessary to the enforcement of the act. The Board is responsible for the control and regulation of the practice of pharmacy in Idaho to include licensure and discipline.

The Board meets quarterly, and its agenda includes discipline at every meeting. Disciplinary actions can range from a letter of concern to a license revocation.

In 2025, disciplinary cases brought before the Board included working on an expired license, incorrect/poor drug labeling, drug diversion, inappropriate use of the Idaho Prescription Drug Monitoring Program (PDMP), and working while impaired.

How does a licensee avoid negative situations?

- Keep all licenses active – Individual license, support staff, and facility.

- Correctly label drugs – Print return-to-stock labels and, if handwritten, the writing needs to be legible.
- Right patient, right drug – Check patient and drug names diligently.
- Ensure nothing is expired – Compounding with, administering, or dispensing expired medication is not safe.
- Work sober – Impairment in the workplace is also unsafe.
- The pharmacy is open when it should be – Temporary or “rolling” closures lead to patient access issues.
- No drug diversion – Avoid the illicit transfer, distribution, and theft of drugs.
- Protect your PDMP passwords – Limit PDMP searches solely to patients when a decision to dispense or prescribe a controlled substance is necessary. Specifically, avoid searches for celebrities.
- Be knowledgeable of the statutes that regulate the profession.

### Access the National Pharmacy Compliance News

A Service of the National Association of Boards of Pharmacy Foundation® (NABPF®)



# Changes Coming to the Fingerprinting Process

By the first quarter of 2026, the Board will not mail fingerprint cards to applicants. Fingerprints will be collected on an FD-258 card provided by a law enforcement agency or processed at a Live Scan location. You **must** make sure that the correct originating agency identifier (ORI) and “Reason Fingerprinted” are entered into the

“ORI” and “Reason Fingerprinted” fields on the fingerprint card.

Where to Get Fingerprinted:

- Contact your local law enforcement office to ask about fingerprinting services (FD-258 card).
- Visit a [Live Scan location](#) near you (FD-258 card also available).

For further instructions, including the Board ORI code, reason fingerprinted, mailing address, and how to complete an FD-258 card, visit the Idaho Board of Pharmacy [website](#), select Resources/Forms, then select Forms, and, finally, click on the [Fingerprint Processing Instructions pdf](#).

## Enhancing Benzodiazepine Safety: The Critical Role of Community Pharmacists

### Background

Benzodiazepines (BZDs) are approved by Food and Drug Administration (FDA) to treat conditions such as anxiety, insomnia, and seizure disorders. The use of these medications carries significant risks for adverse events, including falls, motor vehicle accidents, cognitive impairment, delirium, overdose, and death, particularly when BZDs are taken in combination with other central nervous system depressants (alcohol or opioids) or sedative hypnotics (Z-drugs). It is recommended to limit BZD use to two to four weeks, as there are limited indications for long-term BZD use. Nearly everyone who regularly uses a BZD for more than four weeks will develop physical dependence, and dependence can start as early as two weeks. As concerns about BZD-related harms grow, community pharmacists are uniquely positioned to collaborate with local prescribers to improve safety, support deprescribing initiatives, and advocate appropriate use for better outcomes. This article will provide talking points that pharmacists can use to initiate conversations with prescribers or utilize themselves.

### 2025 American Society of Addiction Medicine Joint Clinical Practice Guideline on BZD Tapering – Key Takeaways

- BZDs should not be discontinued abruptly in patients who are likely to have developed physical dependence.
- Clinicians should prioritize gradual, flexible tapering strategies for each individual patient and adjust the taper based on a patient’s response.
- The goal of tapering may be the discontinuation of the BZD or reducing the dose to where the risks no longer outweigh the benefits (eg, use is intermittent – less than three times per week).
- Care should ideally be coordinated between the clinician managing the BZD taper and other clinicians managing conditions that may be impacted by BZD prescribing or tapering.
- BZDs should be avoided in individuals with post-traumatic stress disorder (PTSD), other substance use disorders (SUDs), and co-prescribed opioids or Z-drugs.

### Summary of Recommendations on BZD Tapering

- Clinicians should assess the risks and benefits of ongoing BZD prescribing at least every three months.
- Clinicians should develop a BZD tapering strategy in a shared decision-making process whenever possible.
- Clinicians should generally consider dose reductions of 5-10% when determining the initial pace of the BZD taper. The pace of the taper should typically not exceed 25% every two weeks.

# Enhancing Benzodiazepine Safety: The Critical Role of Community Pharmacists

(cont)

- Clinicians should offer patients undergoing BZD tapering behavioral interventions tailored to their underlying conditions (eg, Cognitive Behavioral Therapy [CBT] and CBT-I) or provide them with referrals to access these interventions.

## Recommendations for Patients Co-Prescribed BZD and Opioids

- Clinicians should offer to provide or prescribe naloxone for all patients co-prescribed BZDs and opioids.
- Clinicians should consider additional strategies for mitigating risk, including using the lowest effective doses of BZD and opioid medications and optimizing non-opioid interventions.
- Clinicians should conduct risk-benefit assessments more often when patients have additional risk factors (eg, SUDs, bipolar disorders, or schizophrenia, and/or taking fentanyl, morphine, or methadone) for adverse events related to concurrent BZD and opioid use.
- Clinicians should consider more frequent assessments of the risks and benefits of continued BZD prescribing with co-occurring SUDs and/or other co-occurring addictions (eg, behavioral addictions) compared with the general guidance of at least three months.

## Recommendations for Patients With OUD or Other SUDs

- When tapering BZD medications in patients with SUD, clinicians should manage the underlying SUD concurrently with the BZD taper.
- Clinicians should not use BZD prescribing or tapering considerations as a reason to discontinue or disrupt a patient’s medications for SUD treatment, including buprenorphine and methadone.

## Recommendations for Patients With Co-Occurring Psychiatric Disorders

- Clinicians should optimize evidence-based treatment for any psychiatric disorder prior to the taper or, concurrently, if clinically indicated.
- Clinicians should strongly consider tapering BZD medication in patients with PTSD.
- Clinicians should monitor sleep closely during BZD tapering in patients with mood or psychotic disorders, particularly for patients with bipolar disorder, as sleep disturbance can trigger episodes of mania.

## Recommendations for Older Adults

- Clinicians should generally taper BZD medication in older adults unless there are compelling reasons for continuation.

## Risk for Clinically Significant BZD Withdrawal

Duration of BZD Use	Frequency of BZD Use	Total Daily BZD Dose	Risk for Clinically Significant Withdrawal	Need for taper?
Any	≤3 days per week	Any	Rare	<p>LOW</p> <p>HIGH</p>
<1 month	≥4 days per week	Any	Lower risk, but possible	
1–3 months	≥4 days per week	Low <sup>‡</sup>	Lower risk, but possible	
1–3 months	≥4 days per week	Moderate <sup>§</sup> to high <sup>**</sup>	Yes, with greater risk with increasing dose and duration	
≥3 months	≥4 days per week	Any	Yes, with greater risk with increasing dose and duration	

<sup>‡</sup> A low daily dose is estimated as 10 mg diazepam equivalents or less (e.g., ≤0.5mg clonazepam, ≤2mg lorazepam, ≤1mg alprazolam). See Appendix H for BZD dose equivalents.  
<sup>§</sup> A moderate daily dose is estimated as 10-15mg diazepam equivalents (e.g., 0.1-1.5mg clonazepam, 2-3mg lorazepam, 1-2mg alprazolam). See Appendix H for BZD dose equivalents.  
<sup>\*\*</sup> A high daily dose is estimated as 15mg diazepam equivalents (e.g., 0>1.5 mg clonazepam, >3mg lorazepam, >2mg alprazolam). See Appendix H for BZD dose equivalents.

# Enhancing Benzodiazepine Safety: The Critical Role of Community Pharmacists

(cont)

## FDA Minimum Age Restrictions:

- Triazolam: 18 years of age
- Alprazolam: 18 years of age
- Lorazepam: 12 years of age
- Clonazepam: None
- Diazepam: six months

## Idaho Medicaid Support:

- Emergency Fills: If you have a prior authorization pending and your patient needs their medication urgently, the pharmacy can fill a 72-hour emergency supply. The override codes for billing a 72-hour emergency supply at the pharmacy are:
  - Reason for Service code: TP (payer/processor questions)
  - Professional Service code: MR (medication review)
  - Result for Service code: 1F (filled, with a different quantity)
- BZD Resources/References:
  - *The Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Benzodiazepine Risks Outweigh Benefits*
    - “Pharmacokinetic Properties of Benzodiazepines”
    - “Benzodiazepine Dose Equivalents”
    - “Benzodiazepine Tapering Considerations in Pregnancy”
  - *Re-evaluating the Use of Benzodiazepines: A VA Clinician’s Guide*
  - *Effective Treatments for PTSD: Helping Patients Taper from Benzodiazepines*
  - *Re-evaluating the Use of Benzodiazepines: A Focus on High-risk Populations*
  - *The Ashton Manual*

For more information about Idaho Medicaid’s pharmacy benefit, including the most recent Preferred Drug List, visit <https://medicaidpharmacy.idaho.gov>.

For questions about prior authorizations, call 1-866/827-9967, Monday-Friday, 8 AM-5 PM MST.

For support with BZD tapering, please reach out to the Idaho Department of Health and Welfare’s opioid and benzodiazepine safety pharmacists,<sup>1</sup> Elaine Ladd and Amy McHenry.

Elaine Ladd, PharmD  
208-364-1829  
[elaine.ladd@dhw.idaho.gov](mailto:elaine.ladd@dhw.idaho.gov)

Amy McHenry, RPh  
208-364-1829  
[amy.mchenry@dhw.idaho.gov](mailto:amy.mchenry@dhw.idaho.gov)

---

<sup>1</sup> The Idaho Department of Health and Welfare Division of Public Health Drug Overdose Prevention Program is using its Centers for Disease Control and Prevention Overdose Data to Action in States grant to facilitate a unique partnership with the Division of Medicaid pharmacy program to use the prior authorization process to educate and support providers in Idaho to make safer decisions when prescribing opioids and BZDs and ultimately reduce reliance on long-term opioid and BZD therapy.

# Free CE to Improve PMP Data

Information provided by NASCSA

The National Association of State Controlled Substances Authorities' (NASCSA's) Prescription Monitoring Program (PMP) Data Integrity Subcommittee has partnered with Talem Health to create an on-demand continuing education (CE) activity for pharmacists and

pharmacy technicians to improve PMP data.

Please visit <https://ce.talemhealth.com/a/LPMBSF> for one hour of free Accreditation Council for Pharmacy Education CE credit for pharmacists and pharmacy technicians. This program will provide insight into how

your pharmacy team's data entry process affects PMP data, clinical decision making, and downstream data analysis. If you received credit for this CE prior to October 25, 2025, this CE opportunity is available to you again to participate in and receive credit for.



## Struggling in Silence? You're Not Alone – Help Is Here for Health Professionals

You entered your profession to care for others. But who's caring for you?

If you're a health professional silently battling substance use or mental health challenges – or if someone you love is – it's time to take the first step toward healing. The **Health Professionals Recovery Program** is here to support you with compassion, not judgment.

SUDs and mental health struggles don't discriminate. They can affect anyone – even the most dedicated and high-achieving professionals. Research shows that punishment doesn't stop addiction, but individualized, caring support does. That's exactly what this program offers: a confidential path forward that protects your well-being, your career, and your future.

**You don't have to wait for things to get worse. You don't have to face it alone.**

Ask yourself:

- Are you feeling overwhelmed, burned out, or unlike yourself?
- Is someone you care about in the medical field showing signs of struggle?
- Do you want to regain a sense of peace, purpose, and control?

You don't have to hit rock bottom to get help. You just have to take the first step.

You are not broken. You are not alone. You are human – and help is available.

# Struggling in Silence? You're Not Alone – Help Is Here for Health Professionals

(cont)

Many have walked this path before and found a better, healthier life on the other side. If you're unsure about reaching out, consider attending a virtual or in-person meeting through [International Doctors in Alcoholics Anonymous](#) – a non-judgmental, confidential community of peers who understand exactly what you're going through.

Take back your direction. Reclaim your strength. We're here when you're ready.

Contact: Tabitha Edwards

📞 208/817-6189 ✉ [Tabitha.Edwards@dopl.idaho.gov](mailto:Tabitha.Edwards@dopl.idaho.gov)

🌐 [dopl.idaho.gov/health-professionals-recovery-program](https://dopl.idaho.gov/health-professionals-recovery-program)

## Idaho Board of Pharmacy 2025-2026 Meeting Schedule

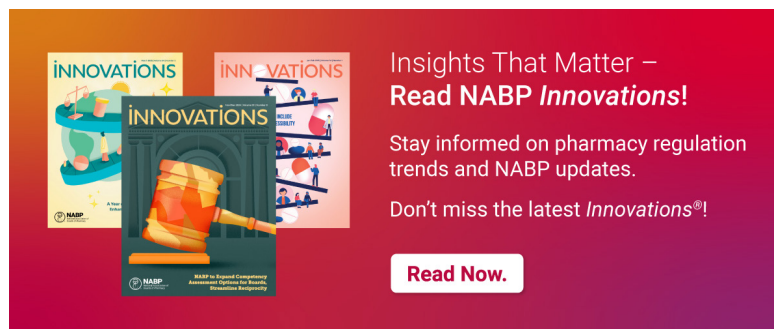
2025 Board Meeting:

- December 11

2026 Board Meetings:

- March 19
- June 4
- September 3
- December 10

All meetings start at 8:30 AM and are held at the Division of Occupational and Professional Licenses, 11341 W Chinden Blvd, Boise, ID 83714. Meetings may also be attended virtually. See the meeting agenda for the link to attend virtually at <https://dopl.idaho.gov/calendar>.



Insights That Matter –  
**Read NABP Innovations!**

Stay informed on pharmacy regulation trends and NABP updates.  
Don't miss the latest *Innovations*®!

[Read Now.](#)

---

The Idaho Board of Pharmacy News is published by the Idaho Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

Nicki Chopski, PharmD, ANP - State News Editor

Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor

Megan Pellegrini - Publications and Editorial Manager

---

11341 W Chinden Blvd, Building #4 | Boise, ID 83714