



Nevada State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

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Legislative Update

The 75th Session of the Nevada Legislature proved to be very busy for the Nevada State Board of Pharmacy with health care and medication management always being popular topics. There was really no negative legislation that impacted the Board. The following is a brief synopsis of what did and did not pass:

1. Pharmacists may now perform “finger-stick” blood glucose testing.
2. A cancer drug donation program has been established.
 - ◆ The Board will promulgate rules for the program.
3. Satellite pharmacies in certain rural areas will be acceptable.
 - ◆ The Board will promulgate rules for satellite pharmacies as well.
4. Board member qualifications were further defined.
5. Mandating that the actual manufacturing expiration date appear on the prescription label rather than having the option of either that or only providing the year on the label, as well as making it a felony to dispense outdated drugs, did not survive.
6. A “super board,” which would oversee all health care boards; a requirement for a “black box warning” sticker on prescription bottles; and mandatory e-mail and Internet access in a pharmacy for task force purposes, likewise, did not survive.

Task Force Issues

Two bothersome issues with potential detrimental consequences need your attention. The first has to do with the fact that many of you have been using a bogus Drug Enforcement Administration (DEA) number for a prescriber simply to get the prescription adjudicated by the insurance company, not realizing that you are adding that prescription to the profile of the holder of that bogus DEA number, as well as adding that physician to the patient’s profile within the task force. The result of this activity is an angry physician being questioned for prescribing for someone he or she has never seen (or even knows) and an angry patient who may be falsely accused of “doctor shopping.” **You must use the correct DEA number of the practitioner actually prescribing the medication.**

The second issue has surfaced with the untimely death of a highly popular entertainer in Las Vegas. The task force has identified several practitioners and pharmacies attempting to access the drug profile of the entertainer, even though he or she was never a patient of either the practitioner or the pharmacy. This is clearly an attempt at inappropriate use of task force information and will be dealt with accordingly. **By law, you may access the profiles of your patients only.**

University of Southern Nevada College of Pharmacy

After a seemingly quick 10 years, University of Southern Nevada (USN) continues to grow and expand, not only in Henderson, NV, but also in South Jordan, UT. In addition to a PharmD program, USN now offers a nursing program, a master of business administration (MBA) focusing on health sciences, and a dental medicine program specializing in an advanced degree in orthodontics. Plans include beginning the bachelor of science program in nursing and the MBA program at the Utah campus by January 2010 at the latest.

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Pharmacy Security and Safety Prove Necessary Component in Pharmacists' Training

Pharmacy robbery – no one ever thinks it will happen to them, but those who have experienced it know it **can** happen to anyone. To address the importance of recognizing actions to follow if faced with a robbery, several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites. In addition, to keep current licensees aware and up to speed on safety measures, procedures can be directly taught and reiterated in the pharmacy. Likewise, at least one college of pharmacy has begun incorporating pharmacy safety training in its curriculum and recently saw the extreme benefits of doing so.

On Wednesday, July 8, 2009, Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, quickly learned how imperative pharmacy safety training really was when he experienced a pharmacy robbery first hand. Just as Bryan and his fellow employees were preparing to close the store, two gunmen entered the North Carolina pharmacy and approached the counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly \$10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university's college of pharmacy alumni e-Newsletter. In the article Bryan states, "I crouched down hoping they hadn't seen me so I could get to a safe place in an office behind the pharmacy to call the police. They saw me as I was crawling and made me come to the front of the pharmacy. My mind was running through a class Dr Cisneros taught dealing with a robbery," he explains. "I knew what type of questions the police would be asking from our lecture, and I was asking myself those very questions while the robbery was happening. It was a very intense and scary moment . . . but I am thankful for the class I had and that nobody was hurt during the whole ordeal."

In December 2008, a safety DVD, *Pharmacy Security – Robbery*, accompanied the shipments of the National Association of Boards of Pharmacy® 2009 Survey of Pharmacy Law that were sent to the schools and colleges of pharmacy. The DVD was an educational offering from Purdue Pharma L.P. provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

It was this DVD that Robert Cisneros, PhD, assistant professor at the university, implemented in his pharmacy management

course – the very same course that helped Bryan stay calm during the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course.

"One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robber's appearance – clothes, height, weight – and not just focusing on the gun," states Cisneros. He was glad to have received the DVD, explaining that, "it was just the right length, added a lot to the class, and led to great discussions." Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The safety DVD mentioned above may be viewed on the RxPatrol® Web site at www.rxpathrol.org. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze, and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at www.partnersagainstpain.com under Pain Education Center.

Concerns with Patients' Use of More than One Pharmacy



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to *ISMP Medication Safety Alert!*® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a FDA MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Perhaps it is not readily apparent, but medication safety could be compromised if patients practice polypharmacy to take advantage of widely publicized programs offering discounted or free medications. With tough economic times, patients may choose to fill or refill their prescriptions at multiple pharmacy



locations to save money, since taking advantage of such offers may cost less than filling their prescription at their usual pharmacy and paying the insurance co-pay.

Normally, when a customer presents a prescription, the pharmacy sends information about the drug and the patient to third-party payers and/or the patient's pharmacy benefit managers (PBM) for reimbursement.

If patients are paying out of pocket for the prescription, the pharmacy can notify the PBM so the medication can be tracked, but notification is not required. In these circumstances, the PBM and insurer may not be made aware that the prescription has been dispensed and no adjudication or drug utilization clinical screening of the prescription will be performed. Normally, medications are screened by the PBM's computer system, which includes all prescription medications regardless of where they were dispensed, and dispensing pharmacists are alerted to drug duplications, drug interactions, and some other unsafe conditions. This checking process will not occur if the prescription is not sent to the PBM. This also has an impact on hospitals that use outside vendors that obtain PBM data through Surescripts in order to populate patient medication profiles upon admissions to the emergency department or hospital. This could decrease the accuracy of drug lists collected for medication reconciliation since these vendors access their information from PBMs and insurers.

For these reasons, patients need to be educated about the importance of sharing insurance information wherever they have their prescriptions filled, even when the insurance is not being billed. Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient. This is especially necessary if the patient is only filling a prescription for a drug on the \$4 list from your pharmacy, but you suspect they may be taking other medications and obtaining them elsewhere. It is also important to expand our efforts to encourage patients to keep a complete list of medications, herbals, nutritional supplements, vitamins, and prescription drugs and to show this list to every provider of care they visit. Community pharmacies can also update patient medication profiles in their computer systems to include prescription and over-the-counter medications obtained at other pharmacies, including mail-order, and promoting and providing a written copy of this list to the patient upon request.

CDC Announces Get Smart Week to Help Decrease Antibiotic Resistance

Centers for Disease Control and Prevention (CDC) is holding Get Smart Week October 5-11 to emphasize CDC's public health effort to decrease antibiotic resistance, including how pharmacists can become involved. Because antibiotic resistance is one of the world's most pressing public health problems, CDC launched the Get Smart Web site to teach about the potential danger of antibiotic resistance and what can be done to prevent it.

The Web site contains patient education materials, updated guidelines for health care providers, campaign materials, and additional resources, including information in Spanish, to help increase the public health awareness of antibiotic resistance and the importance of obtaining influenza vaccines in time for the upcoming flu season. As most states now allow pharmacists to immunize, they can help contribute to public health awareness on who should get flu shots and appropriate antibiotic use in the community. The Get Smart Web site can be accessed at www.cdc.gov/getsmart/.

FDA Approves Vaccine for 2009-2010 Seasonal Influenza and H1N1

Food and Drug Administration (FDA) has approved a vaccine for 2009-2010 seasonal influenza in the United States. FDA has also approved four vaccines against the 2009 H1N1 influenza virus. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus. More information is available at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements.

ISMP: Do Not Store Insulin Vials in Open Cartons – Risk of Mix-up High

ISMP warns that storing insulin vials inside their cardboard cartons after the packages have been opened can lead to mix-ups, and potential medical emergencies, if vials are accidentally returned to the wrong carton after being used. The next patient care worker looking for a particular insulin product could read the label on the carton, assume that it accurately reflects what is inside, and end up administering the wrong product. To avoid such a mishap, ISMP recommends that the cartons be discarded, either in the pharmacy before the insulin is dispensed, or when it is received at the nursing station.

FDA Takes Actions on Pain Medications Containing Propoxyphene

FDA announced in July that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite "serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time." Additional information can be found at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm.

As of April, USN received nearly 2,000 applications for its college of pharmacy with only 145 slots in Nevada and 92 slots in Utah to offer. The caliber of students applying is quite impressive, with an average GPA of 3.7 for those given interviews. Ninety-nine percent of the 2008 graduates from the college of pharmacy have passed the North American Pharmacist Licensure Examination®. Congratulations to those new graduates and to the university itself.

Reminder

1. Computer-generated prescriptions that are either printed or faxed **must be signed** by the practitioner. If the printed and signed prescription is to be given to the patient to take to a pharmacy, it also must be on security paper. A good rule of thumb is that any prescription that appears in one fashion or another on paper in your pharmacy (whether it be brought in or faxed) cannot be “electronically signed.”
2. NRS 639.2393 states that controlled substance prescriptions “may be refilled only in keeping with the number of doses ordered and the directions for use.” Basically, this means that you, as the pharmacist, are limited by the sig and must use your professional judgment in determining whether the patient is asking for a refill within the limits of that sig. Board staff encourages you to be reasonable in allowing the patient ample time to go through the filling process. Staff considers three days the standard of practice.
 - ◆ “Professional Judgment” then leads to a discussion of professionalism. A recent program at the National Association of Boards of Pharmacy® Annual Meeting in Miami, FL, offered the following paraphrased definition:
 - Professionals are people who take a solemn oath in the public square to abnegate self-interest to serve society and others. Generally they have advanced learning and are granted a license to practice their profession, trusting that taking the oath

is indicative of good character and high ethical standards, policed by the profession itself. Practitioners are granted privileges and immunities that are not granted to the general public; most specifically they are entrusted with confidentiality. They hold a public trust and violations of that trust are punished as betrayal of the society they swore to serve and the individuals violated. The aspirational nature of professionalism includes a seeking of excellence in service beyond the codified rules to become the very best.

- You should all be proud of what you have achieved and the status with the general public that you enjoy.

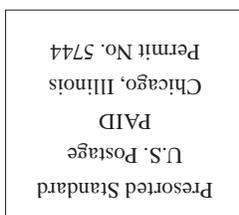
Pharmacist License Renewal

October 31, 2009 is the deadline to avoid late fees. You may renew by paper or online. Please read the insert that was enclosed with your renewal form. Do **not** expect to mail your renewal form on the last day (October 31) and then have confirmation for your employers that your license is current come November 1. You must allow at least a week for processing time. Please ensure that whichever way you submit the renewal for your license, you have actually completed all required continuing education.

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