April 2010

Nevada State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Board Members

Useful Contact Information

The Nevada State Board of Pharmacy office often gets telephone calls asking for contact information for various agencies. Hopefully this will help.

Pharmacy Board	775/850-1440
Nevada State Board of Medical Examiners	775/688-2559 Toll Free: 888/890-8210
Nevada State Board of Dental Examiners	702/486-7044 Toll Free: 800/337-3926
Nevada State Board of Nursing	775/687-7700
Nevada State Board of Osteopathic Medicine	702/732-2147
Nevada State Board of Veterinary Medical Examiners	775/688-1788
Nevada Controlled Substances Task Force	775/687-5694
Drug Enforcement Administration	888/415-9822
Food and Drug Administration	888/463-6332
PRN-PRN	720/251-1271
Pharmacy Technician Certification Board	800/363-8012
Institute for the Certification of Pharmacy Technicians	314/442-6775

Multidose Vials

The hepatitis C outbreak a couple years ago in a Las Vegas surgery center has brought to the forefront the issue of what expiration date should be put on a multidose vial by the dispensing pharmacist. Our recent compounding regulations (as well as United States Pharmacopeia (USP) guidelines) mandate a 28-day expiration date from the first date of entry for multidose vials used in hospitals, surgery centers, and compounding pharmacies. But what about the individual patient with his or her individual medication, say B-12 injectable, for example? The patient is dispensed a multidose vial for his or her personal use, and the manufacturer indicates an expiration date of longer than 28 days. Should the patient be penalized by requiring him or her to toss his or her 10-month supply of medication every 28 days? Would the patient comply even? What expiration date should appear on the label? The actual manufacturer's expiration date (which is usually visible to the patient anyway), or an expiration date 28 days from the date dispensed? Or does the pharmacist put something like "discard 28 days after the first use of the medication" on the label?

Counseling is probably the key here: maybe the pharmacist should share the USP guideline with the patient and let the patient make the decision after discussing the possibility of infection. For ultimate patient safety, probably the best expiration date is the one 28 days from the patient's first entering the vial.

The Vomiting Patient

A question often asked of a pharmacist is that of whether a patient should repeat the dose of an oral medication if he or she has vomited. There are several considerations:

- Timing: most drugs have been moved through the stomach within an hour, so if the vomiting took place after an hour, there is no need to re-dose.
  - If the vomiting occurred within 15 minutes of taking the dose, repeating the dose is probably prudent.
  - If the patient can see the tablet or capsule in the vomitus, again, repeating the dose is probably OK.
- The Type of Drug Ingested: one must consider the risk or benefit and a conservative approach is probably most prudent.
  - Long-acting medications, especially opiates, should not be re-dosed.
  - Anti-infectives probably should be re-dosed if treating an acute infection.

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JCPP 'Future Vision' Sets Course for Advancement of Pharmacy Practice

The Joint Commission of Pharmacy Practitioners (JCPP) brings together the chief executive and chief elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPP meets quarterly and forms workgroups that focus on priority projects. The JCPP has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years, and will continue to influence pharmacy practice through its vision articulated in "Future Vision of Pharmacy Practice."

Past Impact

Recommendations resulting from JCPP conferences and quarterly meetings have been aimed to ensure public health and safety by optimizing the medication use process. Working collaboratively through the JCPP, leaders in the profession "acknowledged that the focus of pharmacy must move beyond the important but narrow aspect of 'right drug to the right patient' and encompass the responsibility for assuring that appropriate outcomes are achieved when medications are part of a patient's individual treatment plan." This perception of the function and responsibility of pharmacy practice helped to facilitate changes such as the shift to a universal doctoral level of education, and practice and legal changes that have helped pharmacists to increase their scope of services.

Also as a result of JCPP collaborations, coalitions among pharmacy organizations and other stakeholders have been formed, and have helped to shape new state and national legislation and regulations. For example, JCPP coalitions helped influence changes that resulted in Medicare's prescription drug benefit requirement for medication therapy management services as of 2006.

Future Impact

Through the "Future Vision of Pharmacy Practice," adopted by JCPP member organization executive officers in 2004, the JCPP will continue to influence positive change in the practice well into the next decade. The JCPP "Future Vision of Pharmacy Practice," endorsed by each JCPP member organization's board of directors, envisions what pharmacy practice should look like in 2015, as summarized in the document's opening statement: "Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes."

In his incoming speech at the NABP 105th Annual Meeting in May 2009, President Gary A. Schnabel, RN, RPh, endorsed the future vision outlined in the JCPP "Future Vision of Pharmacy Practice," stating, "As boards of pharmacy, I feel that it is also imperative for us to embrace this future vision, and through our statutes and regulations define and advance that vision in the context of patient care and protection of the public health . . . If the boards of pharmacy can provide the regulatory environment that fosters the vision on behalf of the patient and the protection of the public health, then this collective vision of practitioners and regulators will serve as one of the pillars of a new foundation for the practice of pharmacy first proposed some 30 years ago and discussed ad nauseam every year since those words were first spoken and captured in the pharmacy journals."

The 2015 future vision is detailed in the document in three sections: the foundations of pharmacy practice, how pharmacists will practice, and how pharmacy practice will benefit society. The first section outlines the foundations of pharmacy education that prepares pharmacists "to provide patient-centered and population-based care that optimizes medication therapy." The second section explains that the pharmacist's scope is to include managing medication therapy, accounting for patients' therapeutic outcomes, and promoting patient wellness. The section also emphasizes that as they work with other health care professionals, pharmacists will be the most trusted source of medications and supplies, and the primary resource for advice regarding medication use. Finally, the last section stresses that, by realizing the expanded scope of their practice, pharmacists will achieve public recognition as practitioners who are essential to providing effective health care.

In January 2008, the JCPP released the final version of "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice," which identifies three critical areas for initial focus as it works toward achieving the vision. JCPP anticipates more discussions to help align the action steps of the implementation plan and the policies of participating organizations. Thus, in keeping with the organization's mission, JCPP continues to implement its initiatives, including the "Future Vision of Pharmacy Practice," through the collaborative efforts it fosters.

The JCPP's "Future Vision of Pharmacy Practice" and "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice" can be downloaded from the National Alliance of State Pharmacy Associations' Web site at *www.naspa.us/vision.html*.

ISMP Stresses Need to Remove Non-Metric Measurements on Prescriptions and on Patient Labels to Prevent Error

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.*

ISMP is calling upon prescribers, pharmacists, and other health care professionals, as well as pharmacy computer system and e-prescribing system vendors, to remove or prevent the use of "teaspoonful" and other non-metric measurements in prescription directions in order to better protect patients.

In the past, mix-ups involving confusion between measuring medications in milliliters or teaspoonfuls and other non-metric measurements have resulted in the serious injury of children and adults.

These mistakes continue to happen. ISMP has received more than 30 reports of milliliter-teaspoonful mix-ups, including cases where injuries required treatment or hospitalization. In one case, a child who recently had surgery was seen in an emergency department and later was admitted with respiratory distress following an unintentional overdose of acetaminophen and codeine liquid. The pharmacy-generated label on the child's medication bottle instructed the parents to give the child six

teaspoonfuls of liquid every four hours. The original prescriber stated the prescription was for 6 mL. The child received five doses before arriving at the emergency department.

In a second case, a child received an overdose of the antifungal medication Diflucan® (fluconazole) suspension. The physician phoned a prescription for Diflucan 25 mg/day to a community pharmacy for a three-month-old child with thrush. The pharmacist dispensed Diflucan 10 mg/mL. The directions read "Give 2.5 teaspoons daily." The directions should have read "Give 2.5 mL daily." Prior to the error, the child had been ill for the previous three weeks with an upper respiratory infection, nausea, vomiting, and diarrhea. It is suspected that the child's subsequent hospitalization was related to this error.

ISMP Safe Practice Recommendations

The health care industry – including practitioners and computer vendors – needs to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. Steps, like the following ISMP recommendations, must be taken to prevent errors:

- Cease use of patient instructions that use "teaspoonful" and other non-metric measurements, including any listed in pharmacy computer systems. This should include mnemonics, speed codes, or any defaults used to generate prescriptions and labels.
- Express doses for oral liquids using only metric weight or volume (eg, mg or mL) – never household measures, which also measure volume inaccurately.
- Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- Coach patients on how to use and clean measuring devices; use the "teach back" approach, and ask patients or caregivers to demonstrate their understanding.

The *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy's* (*Model Act*) labeling provisions state that the directions of use language should be simplified, and when applicable, to use numeric instead of alphabetic characters such as 5 mL instead of five mL. The *Model Act* also provides for the pharmacist to personally initiate counseling for all new prescriptions, which can decrease patient injuries due to improper dosing.

Clarification on HIPAA Regulations and Claims Submission

NABP received questions about a statement that appeared in the article, "Concerns with Patients' Use of More than One Pharmacy," published in the 2009 fourth quarter *National Pharmacy Compliance News* which read, "Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient."

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.501) establishes a foundation of federal protection for personal health information with which health care practitioners must comply. To avoid interfering with a patient's access to, or the efficient payment of quality health care, the privacy rule permits a covered entity, such as a pharmacy, to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities. The rule includes the determination of eligibility or coverage and utilization review activities as examples of common payment activities, therefore allowing a pharmacist to submit cash claims. Additional information may be found at *www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html*.

Pharmacists should, however, verify with their state boards of pharmacy as to whether there are existing state laws that prohibit this practice.

State Newsletter Program Celebrates 30 Years of News on Pharmacy Regulation

This year, the NABP State Newsletter Program celebrates its 30th anniversary of partnering with the boards of pharmacy to provide pharmacists with vital information about their state's pharmacy laws and regulations.

The State Newsletter Program, which is part of the NABP Foundation, was developed to support the Association's educational programs and research and development projects. Published on a quarterly basis, the program serves the state boards of pharmacy by communicating board information to pharmacists, pharmacy technicians, pharmacies, and others throughout the pharmacy profession.

The goal of the State Newsletter Program was, to improve communications with practitioners regarding federal and state law, this allowing them to comply with the law on a voluntary basis, demonstrating that an informed and responsible professional is one of the most effective means of protecting the public health.

In addition to the news provided by the boards of pharmacy, a copy of the *National Pharmacy Compliance News* is included in each issue. Published quarterly by NABP, *National Pharmacy Compliance News* provides important news and alerts from the federal Food and Drug Administration, Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, Consumer Product Safety Commission, and ISMP, as well as current national developments affecting pharmacy practice.

Using *National Pharmacy Compliance News*, merged with locally developed state news, a total of 16 states joined the program in its original summer 1979 publication, including 13 states that still participate today: Arizona, Arkansas, Delaware, Idaho, Kansas, Kentucky, Montana, Minnesota, North Carolina, Ohio, Oregon, South Carolina, and Washington.

Today, 31 states participate in the program. Of these, 18 state boards of pharmacy publish electronic newsletters rather than printed newsletters. The e-newsletter option was implemented in 2004, and has allowed boards with limited resources the opportunity to communicate important board information in a timely and cost-effective manner. State e-newsletters are posted on the NABP Web site rather than published by a printer; the board may also post the Newsletter to their Web site.

In 2006, the e-newsletter portion of the program was enhanced and NABP began offering the boards an e-mail alert service. The e-newsletter e-mail alert service, which consists of an e-mail notification that is sent through a state-specific e-mail database, is provided free of charge to participating state boards of pharmacy. Each alert notifies recipients that the e-newsletter is now available to download and provides a link to access the board's newsletter. The Arizona State Board of Pharmacy was the first state to utilize this free service, and now the number of participating boards has grown to 12 states.

All NABP Foundation State Newsletters, including a copy of the *National Pharmacy Compliance News*, are available on the NABP Web site at *www.nabp.net*. Please note, years prior to 2000 are only available in hard copy form, and therefore, cannot be downloaded online. For more information about the NABP State Newsletter Program, contact custserv@ nabp.net.

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- Narrow therapeutic index medications should not be re-dosed without the prescriber's input.
- If missing the dose is riskier than getting too much drug, then it should be re-dosed.

As always, the prescriber should be in the loop whenever possible, when making these suggestions.

Did You Know . . .

On January 3, 1914, Nevada Attorney General George Thatcher ruled that a pharmacist's license could no longer double as a liquor license, so pharmacists who wanted to sell liquor in their stores had to have a separate license to do so, and many stopped the practice. This was in response to a request by the Lander County District Attorney. Then along came prohibition, and pharmacists once again found themselves stocking alcohol, but now for "medicinal purposes." In fact, the *Reno Evening Gazette* on January 4, 1930, reported that the people of the state of Nevada purchased and presumably drank 25,795 pints of prescription whiskey purchased from drug stores in 1929. Taken at the rate of "one tablespoonful every two hours or when necessary" as the prescriptions were labeled, Nevada's population of 75,000 people consumed their allotted third of a pint of whiskey each quite quickly!

ASHP Accreditation

As of January 30, 2010, the Nevada State Board of Pharmacy has required that all pharmacy technician training programs be accredited by the American Society of Health-System Pharmacists (ASHP). The process involves the training program applying for accreditation to submit to a rigorous evaluation of all aspects of its curriculum and training. The applicant program is measured against ASHP's model curriculum for pharmacy technician training, a comprehensive list of necessary knowledge, competencies, and best practices for pharmacy technicians. Of particular note is ASHP's standards regarding externship procedures.

The standard requires that all pharmacy technician students train in two different experiential training sites in order to graduate; one of the sites must be a health-system pharmacy. This requirement can be very beneficial to both the student and the extern site. Unfortunately, there are challenges in terms of placement for students due to the limited number of health-system pharmacies that are available and willing to host pharmacy technician students.

One of the foremost benefits of having a pharmacy technician student is extra manpower. Students are not allowed to be paid for their externship. There are many ancillary tasks that students can be assigned, such as expiration date checking, stocking, and inventory duties. These tasks are usually not as time sensitive as direct patient care activities, yet highly useful to a student learning the operation of a pharmacy.

The ability to work with an extern for a number of training hours can also be viewed as an extended interview for potential employment. Externship sites are never required to hire students, but if the need were to arise, they would have viable candidates to select who have already demonstrated the necessary traits and abilities to be successful in the position.

There are benefits to the pharmacy technician employees at an extern site as well. The mastery of a discipline is facilitated, in part, by the training of others in said discipline. By encouraging staff to train students, a site can increase the competency, confidence, and skill sets of its existing employees.

The Nevada State Board of Pharmacy is a leader in creating regulation and opportunities to advance the standards of technician practice. These advances can only be truly realized with the cooperation of community and health-system pharmacies alike. With the willingness to host externs, a pharmacy provides the opportunity for students to learn their trade with hands on, practical experience. This is essential to giving students the chance to become knowledgeable, confident technicians in the field.

The *Nevada State Board of Pharmacy News* is published by the Nevada State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, 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 the Foundation or the Board unless expressly so stated.

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