



Idaho State Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

3380 Americana Terr, Suite 320, Boise, ID 83706

Centralized Prescription Processing or Filling for Immediate Need

Pursuant to the additional conditions of rule #257.02, “for the limited purpose of ensuring that drugs or devices are attainable to meet the immediate needs of patients and residents of the institutional facility,” “an outside pharmacy that provides prescription processing or filling services for an institutional facility which does not have an institutional pharmacy may outsource, pursuant to a contract, prescription processing or filling services to another pharmacy.” This practice has commonly been referred to as “first dose.” Examples of institutional facilities that do not have an institutional pharmacy are assisted living facilities, correctional facilities, and nursing homes, as per rules #252.01.a and #252.01.b. Patients residing outside of an institutional facility, such as patients residing in their own homes, including many hospice patients, may not receive prescription processing or filling services from another pharmacy that is contracted with the original outside pharmacy that provides said services, as per rule #257.02. If these outside pharmacies are registered as limited service pharmacies, as per rule #177, the outside pharmacy may utilize a valid chart order, as opposed to a valid prescription, to provide prescription processing or filling services and may, in turn, outsource centralized filling or processing services to another contracted pharmacy utilizing this same valid chart order, which may be provided to the other contracted pharmacy through communication such as oral and facsimile. By properly utilizing rule #257.02, adherence to rule #160, Prescription Transfer, is not necessary. Due to federal restrictions, prescriptions for controlled substances are not able to be outsourced, as per rule #257.02.

Emergency Rules Concerning Institutional Telepharmacy

Pursuant to 2010 statute changes (please refer to the September 2009 Newsletter), a series of rule changes were approved as temporary by Governor C.L. Otter on September 3, 2009, with a backdated, effective date of July 1, 2009, the date that said statute changes took effect. The first change involved rescinding rules #261, #262, and #264, which have regulated telepharmacy within the state of Idaho since April 6, 2005. Thus, the following changes now regulate telepharmacy both within the state of Idaho and across state lines.

- ◆ 2010 statute changes mandated registration and lists many of the registration requirements of institutions that perform telepharmacy across state lines and the out-of-state pharmacists that perform these duties.

- ◆ Now in rule #294, the registration fee for each out-of-state, registered pharmacist is \$250.
- ◆ Rule #292.10 defines the statutory term “institution engaged in the practice of telepharmacy across state lines” as “an out-of-state . . . institutional pharmacy . . .,” as well as defining a central order entry pharmacy and a hospital system.
- ◆ Rule #252 defines several terms, such as *central pharmacy*, *continuous quality improvement program*, and *drug regimen review*.
- ◆ Rule #257 regulates the practice of outsourcing prescription processing or filling needs from one pharmacy to another contracted pharmacy. Telepharmacy is an example of such outsourcing.
- ◆ Rule #257.01 allows said outsourcing between institutional pharmacies providing it is for the “limited purpose of assuring that drugs or devices are attainable to meet the immediate needs of patients . . .,” as well detailing contractual, data communication, and technology requirements.
- ◆ Rule #257.02 mandates that each pharmacy involved maintains a policy and procedures manual and documentation that its implementation is occurring. The manual must include, but is not limited to, contractual information, employee information, prescription tracking mechanisms, privacy security policies, drug security protocols, maintenance of a continuous quality improvement program, communication protocols, training and orientation programs, and other essential information.

Idaho Wholesale Drug Distribution Act

As per statute 54-1755(1)(b), “The board shall determine by July 1, 2009, a targeted implementation date for electronic track and trace pedigree technology. . . The implementation date . . . will be no sooner than July 1, 2010, and may be extended by the board in one (1) year increments . . .” On June 19, 2009, by unanimous consent, the Idaho State Board of Pharmacy extended the date for implementation to July 1, 2011, with the realization that additional periods of extension could be determined by July 1, 2010.

Future Law Continuing Education (CE) Programs

The following dates and locations are subject to change. Please confirm by visiting the Board’s Web site.

- ◆ February 28, 2010, Idaho State University (ISU) Spring CE Program: Hilton Garden Inn Boise Spectrum, 7699 W Spectrum St, Boise, ID

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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.rxpatrol.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 Launches Get Smart Web Site to Help Decrease Antibiotic Resistance

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

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.

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- ◆ March 14, 2010, ISU Spring CE Program: ISU Pond Student Union Ballroom, 921 S 8th Ave, Pocatello, ID
- ◆ April 17-18, 2010, Idaho Society of Health-System Pharmacists Spring CE Program: St Luke's Boise Medical – Anderson Center, 190 E Bannock St, Boise, ID
- ◆ April 25, 2010, ISU Spring Meeting: Red Lion Templin's Hotel, 414 E First Ave, Post Falls, ID

Discipline: August 14, 2009 Board Meeting

J.M., RPh: Fined \$2,000 for violation of rule #184.08: diversion of drug products and devices, rule #184.09: fraudulent practice, and rule #184.11: unprofessional conduct.

M.L., MD: CS registration on probation for five years for ingesting controlled substances in violation of state and/or federal law.

C.H., MD: CS registration restricted pursuant to Drug Enforcement Administration restrictions.

T.B., RPh: Probation of 18 months pursuant to statute 54-1726(b).

Discipline: October 28, 2009 Board Meeting

D.T., pharmacy technician: Registration revoked for diversion.

C.A., pharmacy technician: Registration revoked for diversion.

C.T., RPh: License and CS registration revoked for violation of rule #184.14, for unprofessional conduct that results in revocation in respect to a pharmacy license that a licensee holds in another state.

C.S., PA: CS registration revoked for diversion.

K.W., RPh: License and registration suspended for 12 months and a \$2,000 fine for violations of rule #184.08 for diversion and rule #184.09 for fraudulent practice.

C.J., RPh: \$2,000 fine for violation of rule #184.04 for failing to strictly follow the instructions of the person writing, making, or ordering a prescription. Second \$2,000 fine for violation of statute 37-2722(c) for dispensing a prescription without a written or oral prescription of a practitioner.

J.V., RPh: \$2,000 fine for violation of rule #184.04 for failing to strictly follow the instructions of the person writing, making, or ordering a prescription.


Future Board Meetings

The following meeting dates, times, and locations are subject to change. Please check our Web site for updated information.

- ◆ December 10, 2009: 8 AM MST, ISU Meridian Center – 1311 E Central, Meridian, ID
- ◆ January 28, 2010: Boise, ID. Time and location TBD
- ◆ March 10, 2010: 8 AM MST, Idaho State University – Pocatello, ID
- ◆ April 23, 2010: Boise, ID. Time and location TBD
- ◆ June 3, 2010: 8 AM MST, The Coeur d'Alene Resort – 1115 S 2nd St, Coeur d'Alene, ID
- ◆ July 9, 2010: Time and location TBD
- ◆ August 12, 2010: Time and location TBD
- ◆ October 27 and 28, 2010: Time and location TBD

Special Notice

The *Idaho State Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy intern/externs, and pharmacy technicians registered by the Board. Please read them carefully. We encourage you to keep them filed in your pharmacy, preferably in your Idaho Pharmacy Law Book, for future reference.



Know a Pharmacist in trouble with drugs/alcohol or mental health problems?
Please contact the Pharmacist Recovery Network for help.
www.SouthworthAssociates.net 800.386.1695
CONFIDENTIAL Toll free Crisis Line
24 HOUR 866.460.9014

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The *Idaho State Board of Pharmacy News* is published by the Idaho State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary 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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