



# West Virginia Board of Pharmacy

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## **CSMP Soon to Go Live With NABP PMP InterConnect**

On January 31, 2014, Mike Goff, the West Virginia Controlled Substances Monitoring Program (CSMP) administrator, had a meeting scheduled with Mahantech Corporation, the vendor for the West Virginia Controlled Substance Automated Prescription Program, the newest version of the West Virginia CSMP. It is newsworthy because it was at this meeting that the test version of the link to the National Association of Boards of Pharmacy® (NABP®) PMP InterConnect® was ready for viewing outside of Mahantech Corporation. Per NABP's website, "[t]he NABP PMP InterConnect facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide." Mr Goff reported that Mahantech Corporation planned to turn on the NABP InterConnect for live testing by West Virginia Board of Pharmacy staff and Mahantech Corporation in February 2014, and then phase it in with all live users in the following weeks. The Board has been looking forward to this function for some time. Hopefully, after any issues are worked out, the vendor will be able to create the capability for the NABP InterConnect reports from the participating states, which are chosen in a given search, to be collated together in one single report. More information about NABP InterConnect is available at [www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect](http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect).

## **CPE on Drug Diversion and Controlled Substances Prescribing**

West Virginia pharmacists who must renew their license by July 1, 2014, are reminded that they must have a three-hour continuing pharmacy education (CPE) course on the subject of "drug diversion training and best practice prescribing of controlled substances" (WV Code §30-1-7a.). This is one of the requirements of Senate Bill 437, which

was enacted in the regular session of the West Virginia Legislature in 2012 for all prescribers and dispensers of controlled substances (CS), with Board rules requiring a minimum three-hour course per renewal period that includes West Virginia-specific statistics. Several CPE providers are planning live and home study CPE programs to meet these requirements. Those approved as of January 31, 2014, are programs by the West Virginia University (WVU) School of Pharmacy Continuing Education Department and the *Pharmacist's Letter*. Richard Stevens of the West Virginia Pharmacists Association has also planned a course that will be available. The Board understands that the program by the *Pharmacist's Letter* is available to current subscribers. The WVU program has informed the Board that it plans to hold both live seminars, and also plans to record a home study CPE that will be placed in its online learning system for pharmacists to complete at home. Please see WVU's website for dates of the live seminars and the home study, or for more information contact the Office of Continuing Education at the WVU School of Pharmacy. Other courses offered by other providers may be submitted to the Board for approval by the CPE Committee. You may contact BJ Knoth at the Board office for more information on this option.

## **Board Office Move Planned for March**

At the time of this writing, details are still being finalized, but the Board plans to move into its new offices in March 2014. The inside is ready, pending a state fire marshall inspection, and the remaining work outside is far enough along to allow occupancy. The new mailing address is 2310 Kanawha Boulevard East, Charleston, WV 25311.

## **Board Meeting Scheduled in March**

As most already know, the Board typically meets quarterly in March, June, September, and December, with other meetings as needed. The next regular quarterly meeting is set for March 16 and 17, 2014, at the Board


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## Changes to Fentanyl Pain Patch Warnings Required by FDA

To reduce the risk of accidental exposure, Food and Drug Administration (FDA) has announced new requirements that change the appearance of fentanyl pain patch warnings to make them more visible. The change also requires new language in the warning that emphasizes the risk of death from accidental exposure, particularly in children. The announcement coincided with a Consumer Update that stressed the potential danger of improperly discarded fentanyl patches to children and pets. FDA reminded consumers of the agency's previous advice for securely storing unused patches and disposing of used fentanyl patches by folding the sticky sides together and then flushing them down the toilet. The agency also advises patients to cover in-use patches with an adhesive film to keep them from coming loose, and to regularly check patches to ensure they are securely in place. FDA offers additional information for health care providers on the "Fentanyl Transdermal System (marketed as Duragesic) Information" page, available at [www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm114961.htm](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm114961.htm). Consumer information about safe drug disposal methods is also available on the AWARE<sub>x</sub>E<sup>®</sup> Web site at [www.AWARERX.ORG](http://www.AWARERX.ORG).

## New: Free ISMP Medication Safety Alert! Newsletter for LTC Facilities

 This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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](http://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 an 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](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).

In July, ISMP began publishing *Long-Term Care Advise-ERR*, a new *ISMP Medication Safety Alert!* newsletter for nurses and administrators in long-term care (LTC) facilities. ISMP receives error reports that have occurred in LTC facilities. The newsletter is provided free to LTC facilities in the United States thanks in part to corporate sponsorship from Lilly and for a nominal sub-

scription fee for pharmacies that service LTC facilities and others. Please visit ISMP's Web site at [www.ismp.org/Newsletters/longtermcare](http://www.ismp.org/Newsletters/longtermcare) for more information, and let your LTC facilities know about this free offer.

Here are a few excerpts from a recent issue.

### Immediate Vs Extended Release Error

A physician called a LTC facility to change a resident's oxycodone order from an extended-release formulation to an immediate release formulation at the same dose and frequency. The nurse receiving the verbal order transcribed it as "Discontinue OxyContin 10 mg BID, Start OxyContin 10 mg IR BID," with "IR" meant to represent immediate release. Although OxyContin<sup>®</sup> is a brand of oxycodone, it is only available as an extended-release tablet. The pharmacy had previously been dispensing OxyContin for the resident, so the nurse thought she could communicate the prescriber's order by discontinuing the current OxyContin order and then ordering OxyContin as an immediate-release product. The pharmacy continued dispensing OxyContin. The differences between these products and formulations were brought to the attention of nursing staff via an in-service. To minimize the risk of confusion, do not attach modifiers such as "IR" for immediate-release or "RS" for regular strength unless it is part of the official drug name.

### Errors Occur During Transitions of Care

A pharmacist reported the following hazardous situation that can occur during a hospital to LTC transfer. Residents are often admitted to a LTC facility with a list of medications printed from the hospital pharmacy computer. On these printouts, doses are expressed along with the number of tablets. For example, the printout may list hydrochlorothiazide 50 mg/2 tablets daily for an order in which the total dose was 50 mg because the hospital only stocks the 25 mg tablets. During hospitalization the patient required two tablets for each dose; however, the LTC nurse may misinterpret the order to mean two 50 mg tablets, making the total dose 100 mg, or two times more than prescribed. This issue arises every time the resident's total dose in the hospital requires more than one tablet or capsule. Discharge medication summaries and transfer orders should only list the total dose in mg or mcg and other directions for use (ie, frequency, route, drug name) to avoid misinterpretation.

### 2013 USP Chapter <797> Compliance Survey Shows Compliance Trends Unchanged From 2012

The 2013 United States Pharmacopoeia (USP) Chapter <797> Compliance Survey, the third annual report released since 2011, shows that the overall compliance rate of 77.2% remains nearly unchanged from the 2012 rate. Budgetary restrictions and physical plant limitations were among the top challenges to compliance by survey respondents. The report also details the



Compliance News to a particular state or jurisdiction should not be assumed as representing the law of such state or jurisdiction.)

survey's findings on what types of facilities are participating in compounding, and compliance in specific domain areas such as environmental sampling and gloved fingertip sampling. Of the survey's 1,045 participants, 97% of the survey's respondents said that USP Chapter <797> "has had a positive influence on patient safety." The report notes National Association of Boards of Pharmacy® (NABP®) efforts to assist state boards of pharmacy in evaluating pharmacy compliance with USP Chapter <797> requirements for sterile compounding in their states. The report also noted that those who participated in the 2011 survey had a higher compliance score than those who did not. The survey's authors encouraged pharmacy owners with multiple areas of noncompliance to target one or two areas to improve. They also encouraged organizations that participated in the survey to make use of the free Action Plan – generated upon completion of the survey – and other free resources to "reshape" their sterile compounding practices. The full report on the survey's results is available in the October 2013 issue of *Pharmacy Purchasing & Products Magazine* and on the magazine's Web site at [www.pppmag.com/article/1403](http://www.pppmag.com/article/1403).

## **FDA Recommends Schedule II Classification for Hydrocodone Combination Products**

FDA planned to submit a formal recommendation to reclassify hydrocodone combination products as Schedule II controlled substances to the Department of Health and Human Services by early December 2013. FDA expects the National Institute on Drug Abuse to concur with the recommendation, indicates a statement on the FDA Web site. FDA also indicates that while "the value of and access to these drugs has been a consistent source of public debate," the agency has "been challenged with determining how to balance the need to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse." Drug Enforcement Administration makes the final decision about the appropriate scheduling of these drugs. In January 2013, FDA's Drug Safety and Risk Management Advisory Committee made a recommendation that hydrocodone combination products be classified as Schedule II drugs following a 19-to-10 vote that concluded a two-day meeting during which members discussed the potential for abuse and misuse of the medications and the potential impact of rescheduling the drug products. FDA's statement on the recommendation is available at [www.fda.gov/Drugs/DrugSafety/ucm372089.htm](http://www.fda.gov/Drugs/DrugSafety/ucm372089.htm).

## **New FDA Drug Info Rounds Training Videos Available**

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and

community pharmacists so they can help patients make better medication decisions. In the latest two Drug Info Rounds videos, pharmacists discuss the review and approval of new drug names and the review of marketing and advertising materials for new drugs. The videos can be viewed at [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm368620.htm](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm368620.htm) and [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm371785.htm](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm371785.htm), respectively. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

## **CPPA Developing Specialty Pharmacy Accreditation Program**

The Center for Pharmacy Practice Accreditation® (CPPA) has announced the development of a new accreditation program for specialty pharmacy practices. CPPA Executive Director Lynnae Mahaney, MBA, RPh, FASHP, VHA-CM, indicates that "CPPA will be able to develop the new specialty pharmacy standards quickly and efficiently with the existing standards development methodology, infrastructure, and network of specialty pharmacy expertise."

CPPA is a partnership between the American Pharmacists Association, the American Society of Health-System Pharmacists, and NABP. CPPA develops and implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. CPPA offers the general public and users of pharmacy services a means of identifying those pharmacies that satisfy the accreditation criteria and are focused on advancing patient care, safety, and quality.

More information may be found in the press release, available at [www.pharmacypracticeaccredit.org/news/2013/10/cppa-to-develop-specialty-pharmacy-accreditation-program](http://www.pharmacypracticeaccredit.org/news/2013/10/cppa-to-develop-specialty-pharmacy-accreditation-program).



**Pharmacists & Technicians:**  
Don't Miss Out on Valuable CPE Credit.  
Set Up Your NABP e-Profile and Register for CPE Monitor Today!

Continuing pharmacy education (CPE) providers who are accredited by the Accreditation Council for Pharmacy Education (ACPE) have integrated CPE Monitor® into their systems and are requiring pharmacists and pharmacy technicians to provide a National Association of Boards of Pharmacy® (NABP®) e-Profile ID number and date of birth (MMDD) in order to process ACPE-accredited CPE credit.

Visit [www.MyCPEmonitor.net](http://www.MyCPEmonitor.net) to set up your NABP e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

*CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.*



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office in Charleston. The March 16 meeting will start at 5 PM. Typically during this time, the Board will receive the Complaint Committee report. The March 17 meeting will tackle the bulk of the agenda, and will begin at 8 AM.

**West Virginia Meth Lab and Pseudoephedrine Sales Data for 2013**

Per the most recent data received from the West Virginia State Police (WVSP), West Virginia had 533 reported methamphetamine lab incidents in 2013, up from 287 in 2012. (The 2012 numbers were updated by the WVSP from a previously reported total of 284; numbers for 2013 are preliminary pending final reporting by various agencies and review of those reportings). As a result, at the time of this writing, the topic of pseudoephedrine (PSE) and domestic meth labs is again being debated at the state capitol. The table below shows some of the PSE sales data from the National Precursor Log Exchange (NPLEx), which is being reviewed in discussing the issue of meth labs. (The Board added the total population percentages to the NPLEx data in the table below. The total population is based on the 2010 and 2012 United States census data as well as data estimates for the total population of the state, and was then rounded down to 1.85 million residents given recent reports of population declines in the state. If the actual population is higher, then the corresponding percentages would actually be smaller).

**Unique West Virginia Purchasers of PSE Products in 2013**

Grams Purchased	Purchasers	Percentage of Total Purchasers	Percentage of West Virginia Population
3.6 g or less	122,926	68.9%	6.64%
>3.6 g and up to 7.2 g	25,966	14.55%	1.4%

>7.2 g and up to 14.4 g	15,606	8.75%	0.84%
>14.4 g and up to 21.6 g	6,204	3.48%	0.34%
>21.6 g and up to 28.8 g	3,561	2%	0.19%
>28.8 g	4,152	2.33%	0.22%
<b>Total</b>	<b>178,415</b>	<b>100.01%</b>	<b>9.63%</b>

This NPLEx data shows, among other things, 9.63% of all West Virginians purchased PSE last year (178,415 different purchasers). Breaking that down, about 3% of the state population bought more than 3.6 grams total and the remaining 6.64% bought 3.6 grams or less. Further, only 1.6% of the population bought more than 7.2 grams all year.

Per other NPLEx data, there were 422,602 separate purchases of PSE in 2013. These purchases represented a total of 920,304 grams of PSE in 431,011 boxes of the products. That means the average purchase was 2.178 grams/purchase; 1.02 boxes/purchase; and 2.14 grams/box.