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THE COLORADO BOARD OF PHARMACY

ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

The Prescription Drug Monitoring Program (PDMP) has been extended by the legislature until July 1, 2021. Highlights of the changes to the PDMP include the following:

- The Prescription Controlled Substance Abuse Advisory Committee was repealed effective July 1, 2011. This Committee had assisted the Board in the implementation of the PDMP which was completed.
- Law Enforcement now has access to the prescribing history of prescribers by the issuance of a court order or subpoena. Previously, law enforcement only had access to data on patients.
- Regulatory Boards within the Division of Registrations as well as the Director of the Division of Registrations now has access to the prescribing history of prescribers by the issuance of a court order or subpoena.
- Each pharmacy must disclose to patients who are receiving controlled substance prescriptions that his/her prescription information will be loaded into the PDMP and may be queried by authorized individuals.
- Each prescriber must disclose to patients for whom he/she is prescribing a controlled substance that the patient's prescription information will be loaded into the PDMP and may be queried by authorized individuals.
- Pharmacists can now access the PDMP for patients for whom they are providing clinical services. Previously, pharmacists could only access the PDMP for patients whom they were dispensing a controlled substance for or considering dispensing a controlled substance.
- Resident physicians with active training licenses issued by the Colorado Medical Board and under the supervision of a licensed physician can now access the PDMP.
- PDMP data is now considered a medical record and falls into the statutory provisions concerning policies, procedures, and references to the release, sharing, and use of medical records and health information.

Prescription Drug Monitoring Program Question and Answer

Board staff frequently receive questions from pharmacists inquiring about the Prescription Drug Monitoring Program (PDMP). Many of these questions surround accessing patient information as well as disseminating that information. Some common questions with answers follow:

Question: "I think my coworker is obtaining/using controlled substances. Can I look him/her up in the PDMP?"

Answer: No, pharmacists may only access the data for patients whom they are considering dispensing a controlled substance or providing clinical services. In fact, the agreement to which all users of the PDMP must affirm to prior to getting user credentials requires each person to attest that they are only accessing the data for patients they are treating. Furthermore, users must agree that they will not disseminate the information obtained. What this means is that users may not look up their friends, neighbors, family members, coworkers, etc. just to see what medications they might be taking. In doing so, they are breaking the law. Using the PDMP inappropriately can result in a fine.

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**Consumer protection
is our mission**

ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM

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Question: “I have a patient that would like me to download their prescription history from the PDMP and give it to them. Can I do this?”

Answer: No, you cannot disseminate the reports from PDMP. If a patient would like their own personal history from the PDMP, he/she may do so by contacting the Colorado State Board of Pharmacy. Please refer those interested to the pharmacy board’s website, www.dora.state.co.us/pharmacy

Question: “The local police want me to download a PDMP report on a patient and give it to them for a case they are working on. Can I do that?”

Answer: No, here again, you can not disseminate the reports from the PDMP. If law enforcement officials need reports from the PDMP they may obtain them directly from the Colorado State Board of Pharmacy. Please refer them to the pharmacy board’s website, www.dora.state.co.us/pharmacy.

Question: “A physician has requested that I fax a patient’s PDMP report to him/her. Can I do that?”

Answer: No, the physician must download the patient’s PDMP report.

Question: “Do I have to notify patients that their controlled substance prescription information will be transmitted to the PDMP? Do I have to do this for refills?”

Answer: Yes, patient notification is required for both new prescriptions and refills. The law does not state how patient notification must occur. It only states that the pharmacy must notify patients that their controlled substance prescription information will be uploaded into the PDMP.

In short, you may not disseminate the reports obtained from the PDMP. **You may only access the PDMP for patients you are considering dispensing a controlled substance or providing clinical services—no other circumstances.**

Rx REVIEW PHARMACISTS NEEDED

The Department of Health Care Policy and Financing is conducting another year of the Rx Review program (also known as the Prescription Drug Information and Technical Assistance Program C.R.S. 25.5-5-507). The program provides an excellent opportunity for pharmacists to demonstrate their value in improving patient outcomes and controlling health care costs. The program provides the opportunity for Colorado Medicaid clients to meet with a pharmacist to review their medications and receive information on the prudent use of prescription drugs. The Department will determine which Medicaid clients are eligible and will pay pharmacists \$50 per phone consultation or \$75 per face-to-face consultation to conduct this medication therapy review.

If you are interested in participating in this program please contact Tammie Ruiz at 303-866-3574 or tammie.ruiz@state.co.us for more details. Information can also be found at www.colorado.gov/cs/Satellite?c=Page&cid=1244207387794&pagename=HCPF%2FHCPFLayout

DRUG DELIVERY ERRORS

In the past year, the Board has received an increasing number of complaints in which one patient is incorrectly given another patient’s prescription. These errors usually occur either when one patient’s prescription bottle is placed in another patient’s bag, or when one patient is given another patient’s prescription, often at the point of sale. Although a non-licensed person is permitted to conduct the sale of the prescription to the patient, it is still the pharmacist’s responsibility to ensure that the correct patient receives the correct prescription. Pharmacist counseling prior to the delivery of a prescription may help prevent such errors. These errors are a violation of state pharmacy law, may constitute a HIPAA violation, and may result in discipline for the pharmacist, pharmacist manager or pharmacy. The Board recommends that each pharmacy review its current policies concerning both bagging of prescriptions and proper identification of the patient prior to delivery or sale of a dispensed prescription. Many institutions require two patient identifiers (name, address, birth date, etc) before a patient receives their prescription. Failure to follow proper procedures may result in patient harm.

FEDERAL HEALTH CARE PROGRAMS BULLETIN

The Office of Inspector General (OIG) of the U.S. Department of Health and Human Services has the authority to prevent certain individuals and businesses from participating in federally-funded health care programs. The criminal convictions, sanctions, and other criteria that can result in an individual or business being excluded from such health care programs are outlined in this [memorandum](#).

DISPENSING ERRORS

Pharmacy board staff has recently conducted research on complaints received by the Board for Fiscal Year 2010. Not surprisingly, as previous years have shown, dispensing errors account for the majority of complaints. Complaints categorized as dispensing errors encompass a broad spectrum—from order entry issues, wrong drug, counting errors, or failure to provide a medication guide.

These errors were then further divided into the part of the dispensing process where the error occurred. Did the error occur at the point of initial interpretation or at the point of placing the medication into the container and labeling it properly?

The results indicated that approximately 50% of the dispensing errors occurred at the point of initial interpretation. Errors included not recognizing drug allergies, drug interactions, order interpretation, or failing to catch inappropriate medications or dosages.

Pharmacists need to have a heightened awareness regarding dispensing errors. If you are supervising technicians who conduct order entry, use extra vigilance in reviewing their work. If allergies, interactions, drug usage, and patient profile alerts must be overridden, do not allow others to use your override codes. Remember, you as the pharmacist, are accountable for the accuracy of those that you supervise. If something on the order doesn't make sense, contact the prescriber for clarification.

Some suggestions for minimizing the possibility of errors are listed below. They may or may not be pertinent for your practice setting and should not be construed as the only factors that should be considered. Each pharmacy should assess its own practices and determine the best methods to avoid dispensing errors. However, all pharmacists need to be vigilant and take steps to prevent errors.

- a. Lock up or sequester drugs that could cause disastrous errors;
- b. Develop and implement meticulous procedures for drug storage;
- c. Reduce distractions, design a safe dispensing environment, and maintain optimum work flow;
- d. Use reminders such as labels and computer notes to prevent mix-ups between “look-alike” and “sound-alike” drug names;
- e. Keep the original prescription order, label, and medication container together throughout the dispensing process;
- f. Perform a final check on the contents of prescription containers;
- g. Compare the contents of the medication container with the information on the prescription label;
- h. Enter the manufacturer's identification code in the computer and on the prescription label;
- i. Perform a final check on the prescription label. When possible, use automation, such as bar coding;
- j. Provide patient counseling;
- k. Make sure drug references in the pharmacy are current;
- l. At minimum, double check all calculations;
- m. Have all prescriptions double checked by another person, if possible;
- n. The computer merging of files (drug or patient) should always be supervised;
- o. Review the Institute for Safe Medication Practices website at www.ismp.org regularly for suggestions on preventing errors and for information on drug names that are commonly confused; and,
- p. Review www.fda.gov/Drugs/DrugSafety/ucm085729.htm on a regular basis to find out which drugs need medication guides to be distributed to the patient. Enact procedures in the pharmacy in which you work to ensure that medication guides are attached to every prescription for which they are required.

USING PATIENT'S OWN MEDICATIONS IN INSTITUTIONS THAT UTILIZE A BAR CODE MEDICATION ADMINISTRATION SYSTEM

Contributed by Paul Limberis, member Colorado State Board of Pharmacy

Because many institutions are adopting bar code medication administration technology as part of safe medication practice, certain facilities discover the need to adapt these systems to different work flow scenarios. One of these situations may include a case in which a patient's own medication may be used while the patient is hospitalized. Although reasons for using the patient's own medications vary, an individual facility defines the particular circumstances for which this may be allowed. Institutional pharmacies are then faced with the necessity of having the ability to scan that particular patient's own medication at the point of administration to the patient.

The State Board of Pharmacy Rule 3.01.10 (b) states: **“Such packaged drugs shall only be dispensed or distributed from the premises where packaged. Such drugs shall only be distributed to a location which is under the same ownership as, or is contractually affiliated with, the premises where packaged.”**

This regulation details that the pharmacy may not repackage the prescriptions dispensed from other pharmacies into any other type of packaging, which may include, but not be limited to, unit-dose. The packaging and labeling from the dispensing pharmacy must remain intact.

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USING PATIENT'S OWN MEDICATIONS IN INSTITUTIONS THAT UTILIZE A BAR CODE MEDICATION ADMINISTRATION SYSTEM

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A suggested method for institutional pharmacies to be able to identify, bar code, and scan patient's own medications is as follows:

1. The order for the patient's own medication is written and approved per institution's guidelines;
2. The medication is verified by a pharmacist;
3. The medication is added to the patient profile or electronic medication record as a patient's own medication;
4. A bar code label is created specific for that medication order;
5. The label is affixed to a suitable container;
6. The patient's own medication vial is then placed in the container and delivered to the patient's drawer on the nursing unit; and
7. The medication can then be scanned upon administration to the patient.

In developing procedures such as these, institutional pharmacies are then able to incorporate the use of patient's own medications within their bar code medication administration systems.

PROOF OF LAWFUL PRESENCE

Effective January 1, 2007, all persons requesting original licensure, renewal of an active license or reinstatement of an expired license must verify lawful presence in the United States based on the passage of House Bill 06S-1009. This bill applies to all applicants and licensees in the Division of Registrations, with the exception of apprentices, interns, and businesses.

Licenses will not be issued or renewed without completing the Affidavit of Eligibility form.

The good news is that you can complete this affidavit online when you renew using Registrations Online Services!

You must possess at least one secure and verifiable document and include information about that document on the Affidavit itself (or provide the information during online renewal). The list of secure and verifiable documents is available to you when you renew online.

More information regarding this law is available on our website at

www.dora.state.co.us/registrations/Affidavit

HAVE YOU CHANGED YOUR MAILING ADDRESS?

It is imperative that you keep your contact information updated with the Division. The Division mails renewal notices and other information to you at the last address furnished to us. Failure to receive a renewal notice does not relieve you of your obligation to timely renew.

Once you have logged into Registrations Online Services, check your mailing address and update it if it is not correct. If you received your renewal notice due to a forwarding order it is important that you change your address on file with us, since we cannot change the information based on the forwarding order.

WALL CERTIFICATES

The Division of Registrations is pleased to announce that it has outsourced the production of wall certificates to Wall Certificate Service (WCS) a division of Professional Credential Services, Inc. (PCS). The outsourcing of the certificates provides enhancements to the certificates that both new and existing licensees will find beneficial. Specifically, the certificate provided by WCS is a larger, professionally designed, better quality certificate than what the Division was able to provide. For more information regarding wall certificates, which license types are eligible, and how to obtain one, please visit our website at www.dora.state.co.us/registrations/wallcert. You will be able to order and pay the fee online. The fee for U.S. residents is \$25. There is an additional international shipping fee for international residents.

HOW ARE RENEWAL FEES SET?

By law, the Board must operate strictly with funds collected from the persons it regulates, with no support from the State's General Fund. The Colorado Legislature determines the budget for the Board. Once the Legislature sets the budget, the money must be raised through fees. The good news is that these fees are evaluated each year. Therefore, they are modified depending on how much money is anticipated to be received through the registration and renewal processes and what the anticipated expenditures are expected to be. The primary obligation is to protect consumers and the operations of the Board are focused to ensure it can work diligently to do so.

STAY INFORMED!

The Division wants to keep you informed of upcoming renewal, legislation, events and other information that impacts your profession. In order to do this more efficiently we have implemented "DORA eUpdates" and we look forward to providing more of these in the future. These eUpdates are sent to the email address in our licensing system for each active licensee. To update or add your email address, log into Registrations Online Services.

For information concerning the Pharmacy Board's Peer Assistance Program call 866-369-0039 or go to www.peerassist.org.

PHARMACY ROBBERIES AND BURGLARIES

Submitted by Jeannine Dickerhofe, Board Member

Pharmacy robberies and burglaries have been on the increase in Colorado as well as across the country and do not appear to be going away any time soon. It is estimated that more than 1,800 pharmacy robberies have taken place nationally over the last three years, typically conducted by young men seeking opioid painkillers and other drugs to sell or feed their own addictions. The most common targets are oxycodone (the main ingredient in OxyContin), hydrocodone (the main ingredient in Vicodin) and alprazolam (Xanax). OxyContin goes for \$1 a milligram on the street and the most popular tablet is the 80 milligram.

The Colorado State Board of Pharmacy is providing this information to the pharmacists in our state because we are concerned about the safety of pharmacy employees. Robberies, especially, represent a significant threat to the safety and wellbeing of pharmacy employees. A robbery is when an individual(s) comes into the pharmacy with a weapon, or the threat of a weapon and demands controlled substances and/or money. This individual is potentially very dangerous, and pharmacy employees need to be extremely careful as to how the demands of the robber(s) are met. The recommendation is to remain calm and always give the robber whatever drugs or money that he or she is demanding to reduce the risk of some form of violence occurring. The safety of pharmacy employees is paramount. Communicate to the suspect any actions you are doing. Examples: "I am putting my hand in my pocket to get the key needed to unlock the cabinet" or "I am walking back to the cabinet where the drugs/money are kept that you are requesting – I am not pushing any alarm or panic button." There are also suggestions on what not to do. Don't resist in any way, don't volunteer any information, don't do anything until after the suspect(s) leave, and don't touch any area where the suspect(s) were to ensure the police can collect forensic evidence.

It is extremely important to ensure the safety of pharmacy employees and patients in a robbery situation. That being said, it is very helpful to observe physical characteristics, such as height, weight, hair, eyes, ethnicity, gender, clothing, type of weapon, hand used, tattoos, other unique characteristics, etc. that can be provided to law enforcement officials. Providing an accurate description is invaluable in trying to apprehend this individual quickly. If you have an opportunity to see which direction the suspect fled, or if he or she entered a vehicle, some description of the car can also be extremely important. Jeopardizing your safety in trying to get a license number is not recommended, however.

Prevention is the best course of action to avoid pharmacy robberies. If you have a surveillance camera system, make sure this fact is prominently displayed on the front door, and also make sure that the cameras are working and recording as intended. It might also be beneficial to put some identifying mark on the bottom of the bottles of the most popular controlled substances. If the robbery cannot be prevented, this product marking can assist police to catch the responsible individual and prevent future pharmacy crimes.

Pharmacy burglary is a nighttime entry into the pharmacy. Ensuring that the pharmacy is well lit at night and that the alarm system is activated is imperative. If a pharmacist arrives at the pharmacy and sees a broken window, door left open or anything that looks suspicious, he/she should not enter the pharmacy. The police should be contacted and employees should wait until they arrive before entering. It is also recommended that pharmacy employees be aware of their surroundings when closing the pharmacy. If anything looks suspicious, caution should be exercised in walking to their cars and police should be contacted.

If a pharmacy has had a robbery or burglary, any loss of drug needs to be reported to the Colorado State Board of Pharmacy and the DEA. The robbery or burglary can also be reported to Rx Pattern Analysis Tracking Robberies & Other Losses (RxPATROL), in addition to local police. Either the pharmacist or the investigating police officer can make this report at www.rxpatrol.org. RxPATROL is an information clearinghouse designed to collect, analyze and share information on pharmacy robberies, burglaries and theft of controlled substances. It is intended to help protect pharmacists, guard against potential robberies and burglaries, and assist law enforcement efforts to apprehend and prosecute pharmacy robbers.

Discussing this information on how you should respond during a pharmacy crime with pharmacy employees and keeping safety utmost in your mind is a good way to be better prepared for what is hoped will never be an event at your pharmacy.

PHARMACY SECURITY

A recent analysis of complaints over the past year has revealed a large number of cases involving the security of a pharmacy's compounding / dispensing area. Some involve instances in which a pharmacist fails to properly secure the compounding / dispensing area (i.e. – a door or a window) when closing for the day but while the general store area remains open. Others involve instances in which a non-pharmacist enters the compounding / dispensing area when a pharmacist is not in the building, particularly due to non-pharmacists having accessibility to a key to enter the area. The Board reminds registrants to assure that all entrances to a compounding / dispensing area are secure when closing for the day while the general store area remains open. In addition, the Board urges you to be cautious about the security and accessibility of additional keys that are typically used to gain access to a pharmacy by "floating" pharmacists.

RENEW YOUR LICENSE ON TIME!

You may renew your license online using Registrations Online Services. Renewals are generally made available 6 to 8 weeks prior to the license expiration date. After that there is a 60-day grace period. That means you typically have a timeframe of 16 weeks within which to renew your license!

Any license not renewed prior to the end of the grace period will be considered expired. Once a license is in expired status, a reinstatement application must be completed and returned to our office with the appropriate fee listed on the form.

If you do not renew your license prior to the end of the grace period and continue to practice, you will be practicing on an expired license and may be subject to disciplinary action. The Division sees a number of situations every year of individuals who have failed to renew their license on time and practiced without a license. The reasons that are offered boil down to some common themes: I forgot; I moved and I forgot to notify the Board so I never got the renewal notice; I thought that my assistant/secretary/spouse/boyfriend, et cetera, handled it; it's the Board's fault because I *did* renew my license...or I *thought* I renewed my license. The result is that depending on how long it takes for the individual to "remember" to renew, the Division often takes disciplinary action against the individual because it is against the law to practice without an active license.

So, here's where we need your help. The steps are as easy as 1-2-3!

1. Go to the Division of Registrations website at www.dora.state.co.us/registrations and click on Registrations Online Services to renew your license.
2. Note the expiration date in your calendar to remind yourself of when it is time to renew your license the next time.
3. Make sure that the address listed on your record is accurate. If it is not, then update your address with the Division. Remember to update your address anytime that you move so that you do not miss out on any important notices from the Division.

Remember, it is each licensee's responsibility to renew his or her license on time. With our online system, you can handle all of this yourself, any time, day or night.

REGISTRATIONS ONLINE DOCUMENTS

If you would like to view a board action you may use the **Registrations Online Documents (ROD)**. ROD is a website that makes certain scanned documents related to board actions taken on licensees available to the public via the Internet. The document may be found on ROD if a licensee has been disciplined or if the board has taken some other non-disciplinary action against the licensee that restricts or limits the individual's license.

The following documents are available via ROD:

- All Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000 plus any that became effective since that date. Child Support Suspensions are not available online but may be obtained by contacting the appropriate board/program.
- Any document Revoking or agreeing to a Voluntary Relinquishment/Surrender of license or registration, Cease and Desist Orders and Letters of Admonition from January 1, 1999 to the present.
- All Injunctions.

[Click here](#) for more information about the types of documents provided by this online system and definitions of terms used within the disciplinary documents.

If you are interested in viewing these documents, please visit www.dora.state.co.us/registrations/ROD.

