

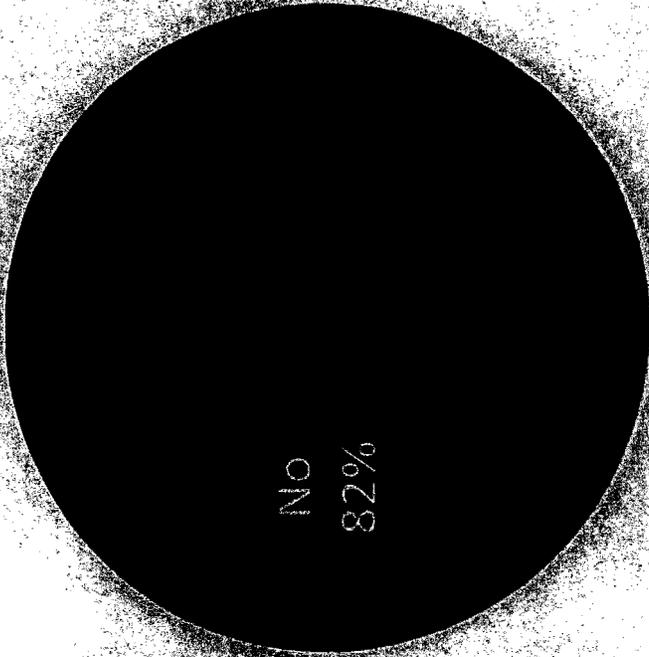
CSDB Real-Time Pilot

Lessons Learned

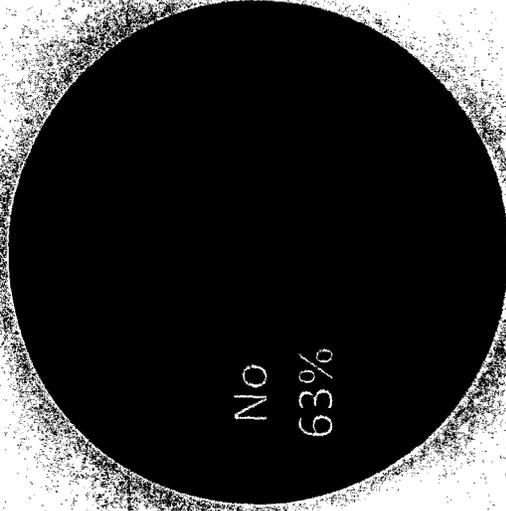
1. Pharmacists are interested in improving the timeliness of the CSD system. In the initial call to explain the real time program, most of the pharmacists were interested in participating and readily supplied contact information for regional managers or IT managers to continue the discussion. The decision-makers were more apprehensive than the pharmacists.
2. Medium and small chains use a third party software. This makes it easier for them to participate in the real-time program.
3. Larger pharmacies do not tolerate a 10 second delay anywhere in their process.
4. Large Chains would prefer to use centralized service – exchanges they already use to minimize their integration concerns. The regional manager from Target was very interested. However, their national IT director was not interested in creating this service that would talk to the state's system from each location. It would have caused changes to their firewalls and custom development of their software.
5. Large Chains custom develop their pharmacy software.
6. Changing to a daily batch would be less intrusive for the large chains.
7. Changes to a daily batch would be more intrusive for the small chains – it is a manual process
8. Anecdotal evidence – DOPL employee/prescriber checked the system in the morning, her patient did not have any recent controlled substance prescribed. The pharmacy that afternoon called the prescriber to let her know that multiple prescriptions had been filled for that same patient that day.

"Real Time" Pilot Program

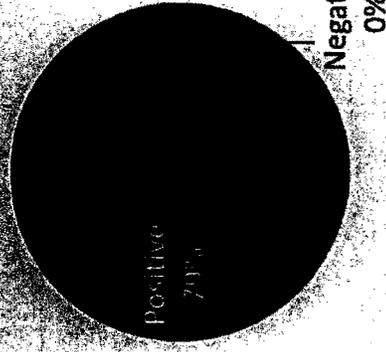
Aware of
Pilot Program (605)



Observed Impact (107)



Type of Impact (33)
Positive - Negative - Vague



(i) except as provided in Subsection (10)(d), at the expense of the pharmacy or pharmaceutical facility;

(ii) in consultation with the division; and

(iii) within six months after the division notifies the pharmacy or pharmaceutical facility, in writing, of the division's intention to install the software described in Subsection (10)(a).

(c) The division shall, through the private entity contracted with under Subsection (4), cooperate with a pharmacy or pharmaceutical facility that is required to comply with Subsection (6), to ensure that the installation and operation of the software described in Subsection (10)(a), or the provision of information from the pharmacy or pharmaceutical facility to the database:

(i) complies with the security standards described in 45 C.F.R. Parts 160, 162, and 164, Health Insurance Reform: Security Standards;

(ii) does not interfere with the proper functioning of the pharmacy's or pharmaceutical facility's software or computer system; and

(iii) in order to minimize changes in existing protocols, provides, to the extent practicable, for the transmission of data in the same manner that pharmacies currently transmit information to insurance companies.

(d) The division may, within funds appropriated by the Legislature for this purpose, reimburse a pharmacy for all or part of the costs of the in-house programming described in Subsection (10)(b), if:

(i) the pharmacy requests the reimbursement, in writing;

(ii) the pharmacy provides proof of the costs for the in-house programming to the division;

(iii) the pharmacy requests the reimbursement prior to a deadline established by the division; and

(iv) except as provided in Subsection (10)(e), the division pays an equal reimbursement amount to each pharmacy that complies with Subsections (10)(d)(i) through (iii).

(e) The division may reimburse a pharmacy described in Subsection (10)(d)(iv) for an amount that is less than the reimbursement paid to other pharmacies described in Subsection (10)(d)(iv), if:

(i) the proof of costs for in-house programming provided by the pharmacy establishes a cost less than the amount reimbursed to the other pharmacies; and

(ii) the amount reimbursed to the pharmacy is equal to the amount established by the proof of costs for in-house programming submitted by the pharmacy.

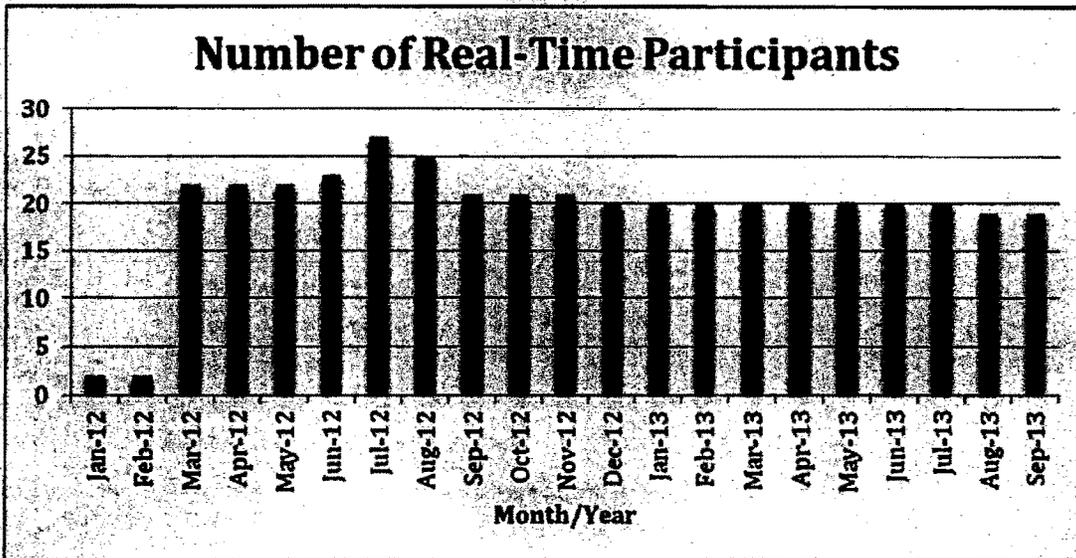
(f) Notwithstanding any other provision of this section, the division may, by rule, allow up to 24 hours for the reporting of data to the database by a non-resident pharmacy, as defined in Section 58-17b-102.

**Title 58, Chapter 37f
Utah Code Annotated 1953
As Amended by
Session Laws of Utah 2012
Issued May 14, 2013**

Disclaimer: The statute/rule above is an unofficial version provided for convenience only and may not be identical to the official versions on the Utah State Legislature (www.le.utah.gov) and the Utah Division of Administrative Rules (www.rules.utah.gov) websites.

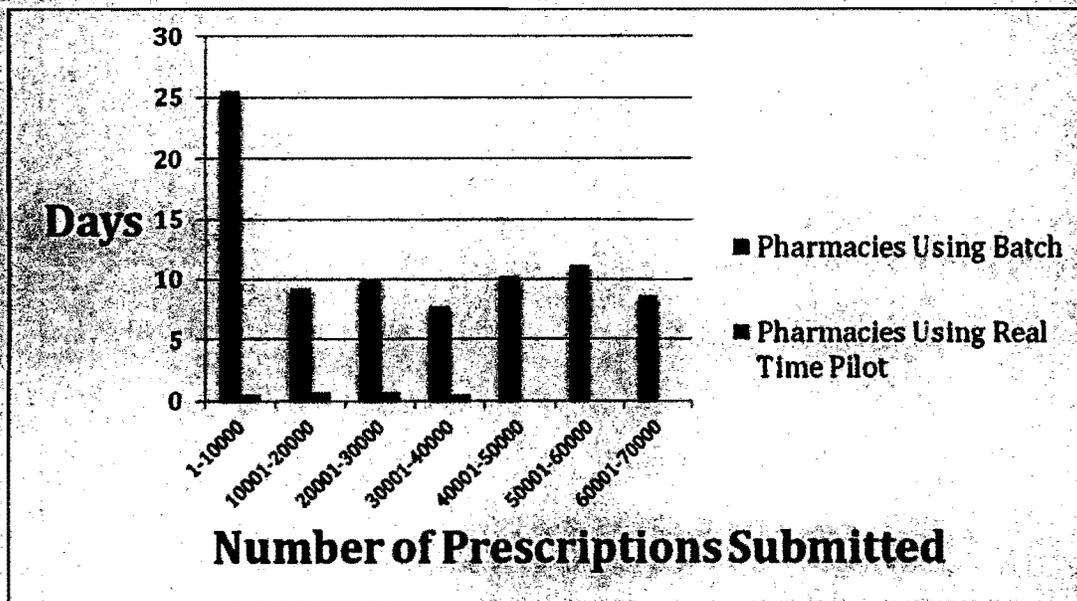
Conclusions

- CSD Users prefer Instant Pharmacy Reporting to Daily, Weekly or Monthly
 - 61%, 28%, 9%, 2% respectively
- Daily reporting is an acceptable alternative to Instant
 - Averages ratings of 8.37 & 8.60 (scale of 1-10)
- Daily reporting could exceed “return time” for most CSD users
 - 70% of respondents search CSD less than daily
- 18% of CSD users were aware of Pilot Program
 - 27% of those noticed a difference
 - 79% of those felt it was a positive difference



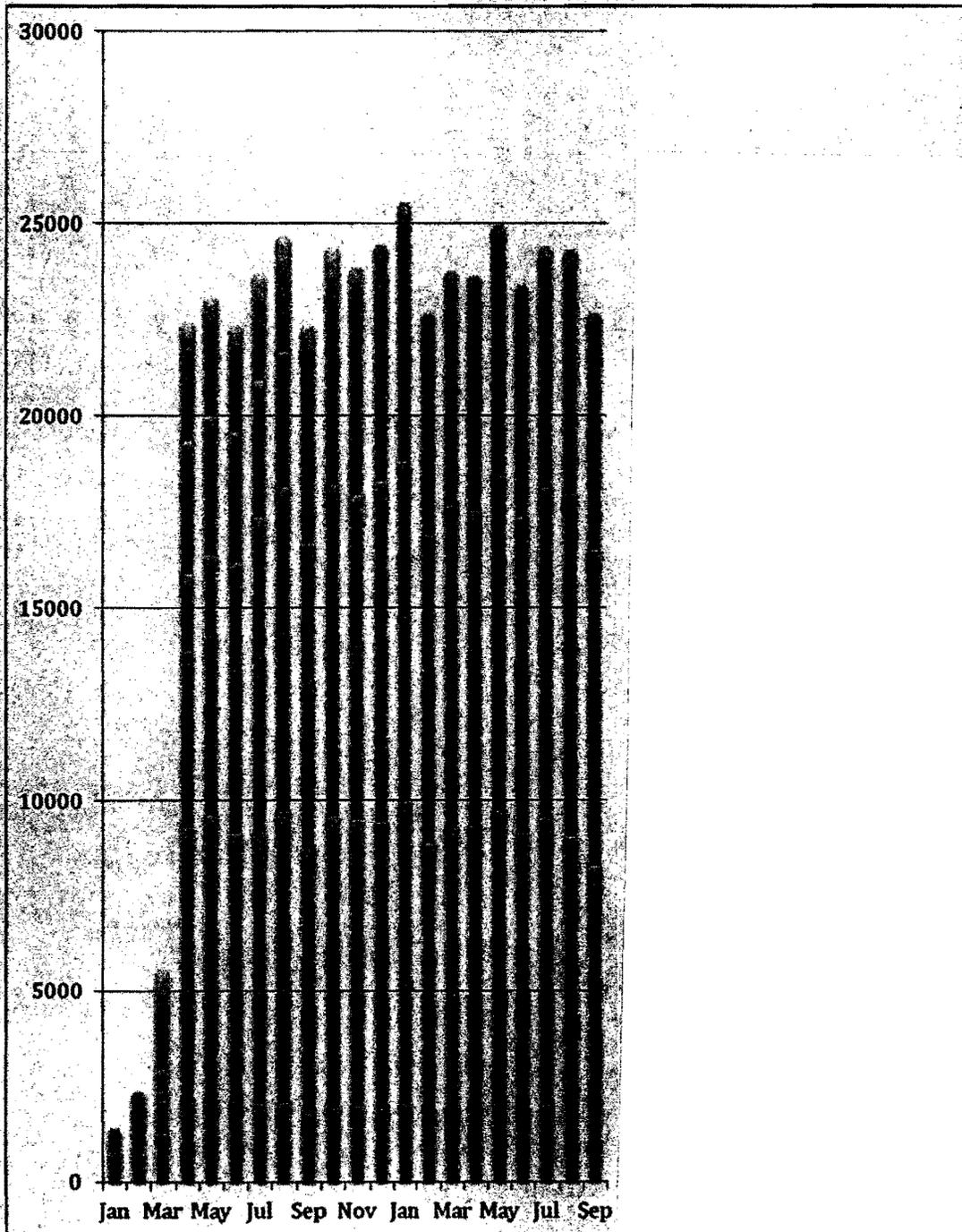
Historical Data

Average delay between RX Filled and Recorded in CSD
(2012 - 2013)



Note: The average delay is 9.5 days.

Average Prescription per pharmacy



CSD Survey

Instant Reporting

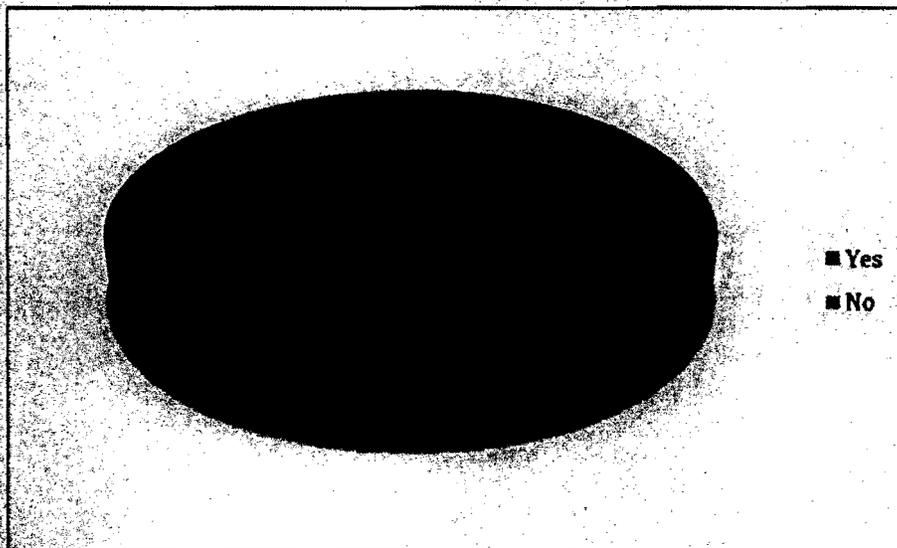
Sep 30 – Oct 7, 2013

620 Respondents

Pharmacy responses to initial invitation

Out of 87 invitations, 32% were interested in participating, 68% were not interested. Listed below are the main reasons for opting out of the pilot program.

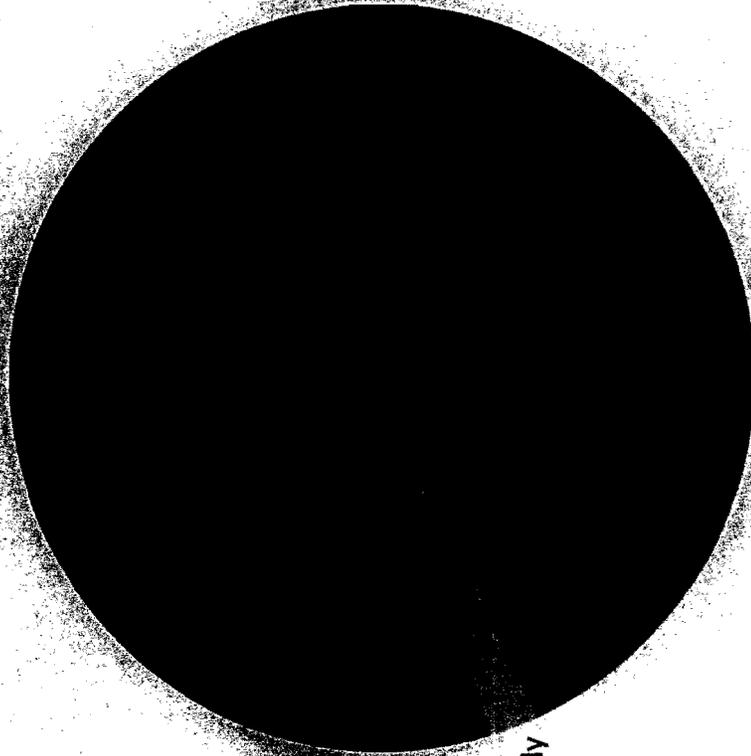
- We don't have a point of sale device
- Don't want to rock the boat
- Since this is an optional program, the Corporate office is not interested in developing a custom solution for their Utah branches.



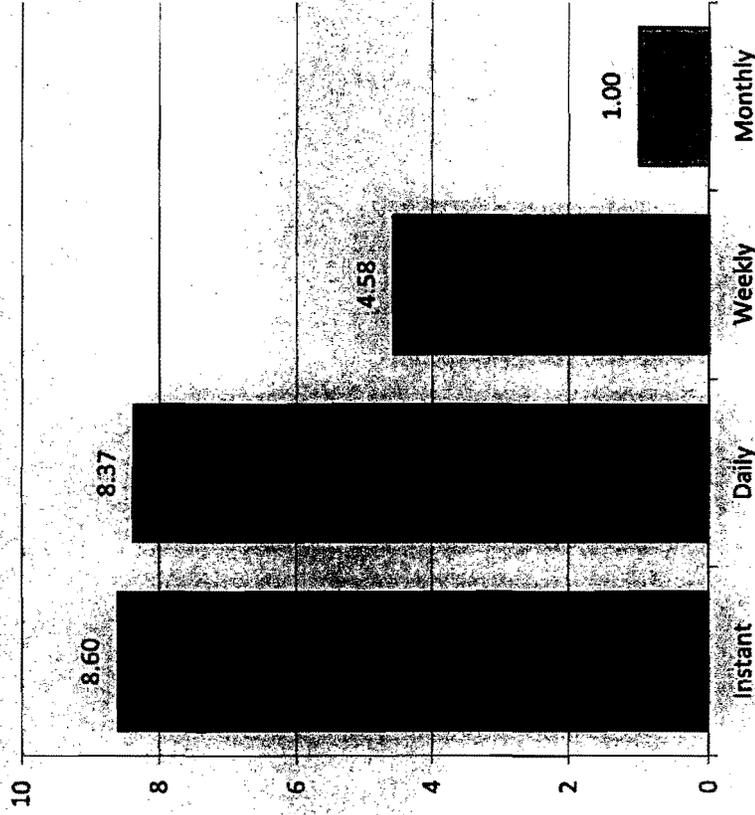
Pharmacy Participation 2012 - 2013

Reporting Deadlines

Preference

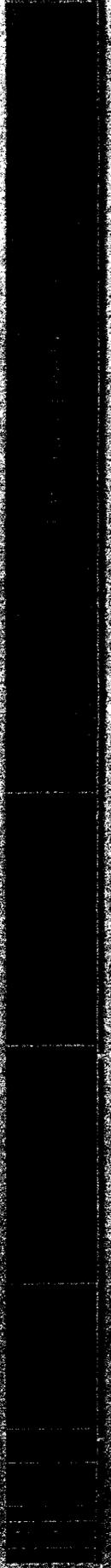


Acceptability
Average of Responses (1-10)



Importance of Instant Reporting

Legend for Importance of Instant Reporting: 1 Not important, 2, 3, 4, 5, 6, 7, 8, 9, 10 Extremely important



CONTROLLED SUBSTANCE DATABASE ACT

58-37f-101. Title.

This chapter is known as the "Controlled Substance Database Act."

58-37f-801. Pilot program for real-time reporting for controlled substance database -- Statewide implementation.

(1) As used in this section:

(a) "Pilot area" means the areas of the state that the division determines to operate the pilot program in, under Subsection (3), which may include:

- (i) the entire state; or
- (ii) geographical areas within the state.

(b) "Pilot program" means the pilot program described in this section.

(2) There is established a pilot program for real-time reporting of data to, and access to data from, the database by a pharmacy, a pharmaceutical facility, or a prescribing practitioner beginning on July 1, 2010, and ending on July 1, 2012.

(3) In addition to fulfilling the requirements relating to the database on a statewide basis, the division shall, in accordance with Subsection (4), upgrade, administer, and direct the functioning of the database in geographical areas specified by the division, or on a statewide basis, in a manner that provides for real-time reporting of information entered into, and accessed from, the database by a pharmacy or pharmaceutical facility.

(4) The division shall, under state procurement laws, and with the technical assistance of the Department of Technology Services, contract with a private entity to upgrade, operate, and maintain the database in the pilot area.

(5) (a) All provisions and requirements of the statewide database, described in the other parts of this chapter, are applicable to the database in the pilot area, to the extent that they do not conflict with the requirements of this section.

(b) For purposes of the other parts of this chapter, and this section, the database in the pilot area is considered part of the statewide database.

(6) A pharmacy or pharmaceutical facility shall cooperate with the division, or the division's designee, to provide real-time submission of, and access to, information for the database:

(a) in the pilot area; and

(b) when the division implements the pilot program as a permanent program under Subsection (9) on a statewide basis.

(7) The penalties and enforcement provisions described in the other parts of this chapter apply to enforce the provisions of this section in relation to a pharmacy or pharmaceutical facility that is located in, or operates in, the pilot area.

(8) The division may make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, to provide for the real-time reporting of, and access to, information in accordance with the requirements of this section.

(9) The division shall, on or before July 1, 2012, implement the pilot program as a permanent program on a statewide basis.

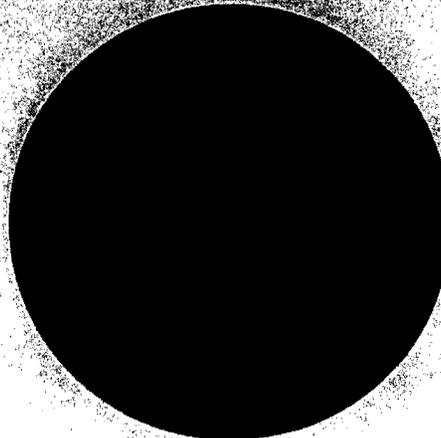
(10) (a) The division shall, through the private entity contracted with under Subsection (4), provide, free of charge, to a pharmacy or pharmaceutical facility that is required to comply with Subsection (6) software, software installation assistance, and training, that will enable the pharmacy or pharmaceutical facility to comply with Subsection (6).

(b) Notwithstanding Subsection (10)(a), a pharmacy or pharmaceutical facility required to comply with Subsection (6) may, instead of accepting installation of the software provided by the division under Subsection (10)(a), modify its own software in order to comply with the requirements of Subsection (6), if the modification is made:

Respondent Demographics

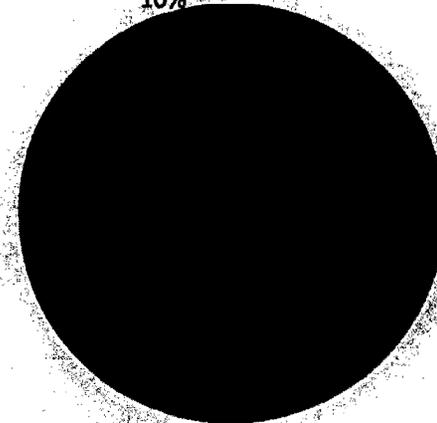
License

Advanced Practice Nurse 15%
Staff 2%
Physician Assistant 11%



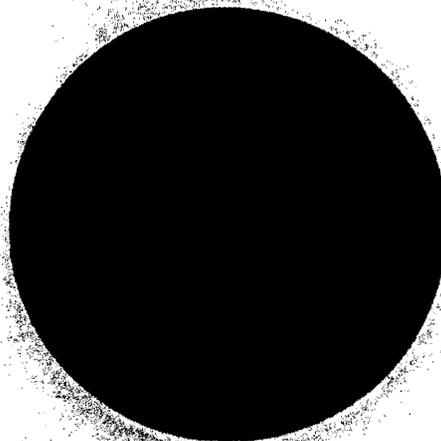
Geography

Weekly or less 10%

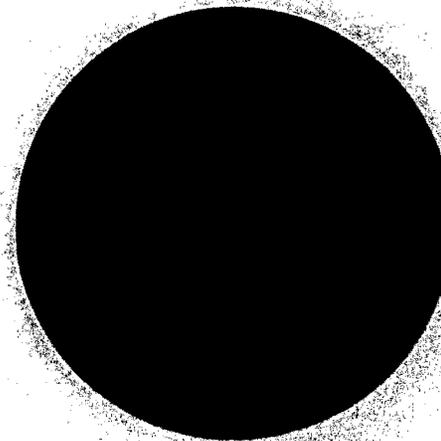


Clinic Frequency

Prescribing Frequency



CSD Frequency



Pharmacy Board Report
February 2014

	2013	2014	Feb-14
Administrative Filings	37	1	8
Criminal Filing/Felony	3		
Letter of Concern	60	3	50
PR/Outreach	3		
Cases Received	710	39	79
Case Assigned	676	39	78
Closed Cases	731	36	86
Citations Issued	103	5	2
Pharmacy Inspections	225	19	16
Pharmacy Alerts	191	11	17
Dr. Shopper/Law Enforcement Letters	209	16	15

NOTES: Pharmacy Group

Feb-14

New Pharmacy Inspector

Travis Drebing has been hired as the new Pharmacy Inspector. Travis brings with him 8 years experience as a Pharmacy Technician.

Utah Pharmacy Convention

Three Pharmacy Investigators will be attending the Utah Pharmacy Convention in St George. They will be manning and booth for questions and answers. They will also have information regarding the new Pharmacy Laws passed during the Legislative Session.

Board of Pharmacy Newsletter

Pharmacy Investigators have written their first article for the Board of Pharmacy Newsletter. They will be submitting articles quarterly to the Newsletter.

Pharmacy Tech Case

Investigator Lynn Hooper conducted an investigation regarding a Pharmacy Technician who was stealing and diverting Controlled Substances from two pharmacies. The investigation resulted in the individual surrendering his license to the Division.

Pharmacy Board Report
February 2014

Citation

Respondent was issued a Citation and fine for practicing/engaging in an occupation requiring licensure, and selling, dispensing, distributing or otherwise trafficking prescription drugs while not licensed or exempt. Citation was upheld and Respondent was fined \$500.

Citation

Respondent was issued a Citation for abandoning a Pharmacy or leaving prescription drugs accessible to the Public. Citation was upheld and Respondent was fined \$500.

Citation

Respondent was issued a Citation for having fourteen outdated drugs on their shelf, no Power of Attorney, inconsistent temperature logs, and controlled substance invoices were not initialed or dated. Respondent also acts as a "middle man" for a mail order pharmacy. They store medications until patients can pick them up. The Citation was upheld and Respondent was fined \$900, which has been paid in full.

See

April 2014

News



Utah Board of Pharmacy

Published to promote compliance of pharmacy and drug law

PO Box 146741 • Salt Lake City, UT 84114-6741
www.dopl.utah.gov/licensing/pharmacy.html

2014 Utah General Legislative Session

It was a busy legislative session as the Utah State Legislature passed several bills that impact pharmacy practice. A summary of bills impacting pharmacy practice is provided in the paragraphs below. You may access a full copy of individual bills at www.le.utah.gov. The effective dates for these bills are contingent upon Governor Gary Herbert's right to veto. Some amendments require drafting of administrative rules to be adopted by the Utah Department of Commerce.

HB 114: Mail-Order Wholesale Drug Amendments. Utah is the 48th state to require pharmacy licensure for nonresident pharmacies that engage in the manufacture, production, wholesale, or distribution of drugs. In the past, mail-order pharmacies mailing directly to patients were the only pharmacies located outside Utah that were required to have Utah licenses. **Effective July 1, 2014.**

SB 55: Pharmaceutical Dispensing Amendments

- ◆ **Drug Sales Between Pharmacies.** A pharmacy in Utah not licensed specifically as a pharmaceutical wholesaler or distributor may sell drugs to other pharmacies if their total distribution-related sales of prescription drugs do not exceed 5% of the facility's total prescription drug sales. **Effective July 1, 2014.**
- ◆ **Hospital Pharmacy Dispensing of Multidose Drugs to Discharged Patients.** A hospital pharmacy may dispense a prescription drug in a multidose container to a hospital patient being discharged if labeling requirements outlined in the bill are met. **Effective July 1, 2014.**
- ◆ **License Classification for Dispensing Medical Practitioners and Clinics.** A new license classification titled "dispensing medical practitioner" was created for medical practitioners who prescribe and dispense certain drugs. A pharmacy facility license classification titled "dispensing medical practitioner clinic pharmacy" was created for clinics that dispense certain drugs in limited settings. Creating these licenses required removal of the license exemption of medical practitioners and clinics for medical practitioners who prescribe and dispense a cosmetic drug, injectable weight loss drug, or a cancer drug treatment regimen. A medical dispensing practitioner's ability to dispense is limited to a cosmetic drug, a cancer drug treatment regimen,

or a prepackaged drug at an employer-sponsored clinic. It establishes that practice as a dispensing medical practitioner does not include the use of a vending-type dispensing device or the dispensing of controlled substances (CS), except for the dispensing of Schedule IV and V CS as permitted for cancer drug treatment regimens. **Effective July 1, 2014.**

- ◆ **Clarification of Acceptable Methods of Drug Delivery.** A pharmacy may only deliver a prescription drug to a patient or patient's agent in person at the pharmacy. It may also deliver a prescription drug via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is (1) delivered to the patient or patient's agent or (2) returned to the pharmacy. **Effective July 1, 2014.**
- ◆ **Clarification of Patient Counseling Standards.** Patient counseling standards were clarified to address misunderstandings caused by prior statutory language. **Effective July 1, 2014.**

SB 77: Pharmacy Practice Act Amendments

- ◆ **Creation of Pharmacy Technician Trainee License.** Before working in a pharmacy, a pharmacy technician-in-training is now required to obtain a "pharmacy technician trainee" license from the Utah Division of Occupational and Professional Licensing (Division). To apply for a pharmacy technician trainee license, individuals must submit a license application to the Division including a criminal background check and the name of their training program. **Effective July 1, 2014.**
- ◆ **Pharmacy Selling of Drugs to Practitioners for Office Use.** Pharmacies may repackage or compound a prescription drug for sale to a practitioner under circumstances outlined in the bill. **Effective July 1, 2014.**

SB 78: Prescription Eye Drop Guidelines. A pharmacist or pharmacy intern may dispense a refill of a prescription for a liquid legend drug administered to the eye once an amount of time has passed after which a patient should have used 70% of the dosage units of the drug according to a practitioner's instructions. **Effective May 13, 2014.**

continued on page 4

#4, #5, #9

Utah Board of Pharmacy Newsletter

March 2014

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before March 31, 2014 will continue to meet the program requirement until January 1, 2016. Beginning January 2, 2016, all programs must be accredited by ASHSP or conducted by NPTA. *Effective December 23, 2013.*

Pharmacies Required to Comply with USP-NF Chapter 17 Labeling Standards. Under rule amendments to Utah Admin. Code R156-17b-402 (24), it is unprofessional conduct for a pharmacy or pharmacist to fail to comply with prescription container label standards established in USP-NF Chapter 17. Most pharmacies and pharmacists currently comply with these standards; however, those who currently do not have until November 30, 2014 to comply. *Effective December 23, 2013.*

Division Pharmacy Investigation Report. The Division completed the 2013 self-inspection audit and is pleased that most pharmacies responded. The Division sent out 480 self-inspection audits. In response to the audits, the Division issued approximately 40 letters of concern and two citations. The Division appreciates the diligent efforts of Utah pharmacies to maintain compliance with required standards. Laws outlining the Division's authority to conduct pharmacy investigations include the following:
Utah Code 58-17b-103. Administrative Inspections.

- (1) The division may for the purpose of ascertaining compliance with the provisions of this chapter, require a self-audit or enter and inspect the business premises of a person:
 - (a) licensed under Part 3, Licensing; or
 - (b) who is engaged in activities that require a license under Part 3, licensing.

This section grants the Division two options for completing administrative inspections: a self-audit completed by the pharmacy or a Division inspection of the facility. When a self-inspection audit is needed, information is sent via email to pharmacies, along with any other information that the Division deems important. This includes various types of pharmacy alerts such as warnings about persons suspected of doctor shopping. Under Utah Code 58-17b-502, the following qualifies as unprofessional conduct for a pharmacy: failing to return or providing false information on a self inspection report; failing to provide PIC information to the Division within 30 days of a change in PIC; and failing to update the Division within seven calendar days of any change in the email address designated for use in self-audits or pharmacy alerts. If you have any questions or input regarding pharmacy investigations, please contact the Division Bureau of Investigations at doplinvestigations@utah.gov or (801) 530-6326.

Upcoming Board Meetings. Upcoming meetings of the Utah Board of Pharmacy are scheduled for April 22, May 27, June 24, and July 22. Most meetings are held in Room 474 on the fourth floor of the Heber M. Wells Building located at 160 East 300 South in Salt Lake City, UT. Meetings typically begin at 8:30 A.M.

Contact Information

Division of Occupational and Professional Licensing
Phone: (801) 530-6326
Fax: (801) 530-6301
Email: doplinvestigations@utah.gov
Website: <http://dopl.utah.gov/licensing/pharmacy.html>