

1

MEDICATION ERROR REPORTING

- **Critical in preventing future medication errors**
- **Most Boards of Pharmacy require hospital & medical facilities (including pharmacies) to report med errors**
- **NMBOP requires reporting of significant adverse drug events**
- **"Significant Adverse Drug Event"** a drug related incident that results in harm to the patient.

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16.19.25 ADVERSE DRUG EVENT

- **Incident** - a drug that is dispensed in error, that is administered and results in harm, injury or death
- **Harm** - temporary or permanent impairment requiring intervention

The Pharmacist in Charge shall:

- A. Develop and implement written **error prevention procedures** as part of the Policy and Procedures Manual.
- B. **Report incidents**, including relevant status updates, to the Board on Board approved forms within **fifteen (15) days** of discovery.
 - "Significant Adverse Drug Event Reporting Form"

The Board shall:

- A. Maintain **confidentiality** of information relating to the reporter and the patient identifiers.
- B. Compile and publish, in the newsletter and on the Board web site, report information and **prevention** recommendations.
- C. Assure reports are used in a **constructive and non-punitive** manner.

3

MEDICATION ERRORS

- **BOP receives sworn Complaints Alleging Misfilled Prescriptions.**
- **Not generated from Adverse Drug Event Reports.**
- **Most of these would not have occurred if the pharmacist complied with BOP requirements for:**
 - **Prospective Drug Review**
 - **Counseling**

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Prospective drug review

(1) Prior to dispensing any prescription, a **pharmacist** shall review the patient profile for the purpose of identifying:

- (a) clinical abuse/misuse;
- (b) therapeutic duplication;
- (c) drug-disease contraindications;
- (d) drug-drug interactions;
- (e) incorrect drug dosage;
- (f) incorrect duration of drug treatment;
- (g) drug-allergy interactions;
- (h) appropriate medication indication.

Source: NMAC 16.19.4.16 (D)

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ONLY THE RPh CAN COUNSEL

All clerks and technicians are taught that if there is a question regarding a prescription, the RPh (or intern) must take the question.

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MEDICATION ERROR REDUCTION: PATIENT COUNSELING

Patients need to know:

- The name of the medication
- How to take it
- What it's for
- If the medication looks different, talk to the pharmacist

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm096403.htm>
accessed 6/3/16

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PATIENT COUNSELING

➤ **Estimate: half of medication-related deaths could have been prevented by appropriate and timely counseling .***

➤ **Show the patient the drug while asking:**

- 1) **Tell** me what you take this drug for?
- 2) **Tell** me how you take the medication?
-how often, and
-directions for taking the medication

http://www.uspharmacist.com/continuing_education/ceviewtest/lessonid/105916
*Abood RR. Errors in pharmacy practice. *US Pharm.* 1996;21(3):122-130.

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REMEMBER THE PATIENT

• **Patients provide a major safety check**

- Counseling – not a “veiled offer”
- Wrong patient errors: Not opening the bag at the point of sale
- Risk of dispensing a correctly filled Rx to the wrong patient at POS – about 6 per month per (community) pharmacy

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91>, 10/9/2014, accessed 6/3/2016

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“To Err is Human”

Building a Safer Health System

- the majority of medical errors are caused by faulty systems, processes, and conditions that:
 - lead people to make mistakes
 - fail to prevent mistakes

When an error occurs, blaming an individual does little to make the system safer and prevent someone else from committing the same error.

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When an error occurs

- Be compassionate
 - ISMP persistent safety gaffe #4 respond with empathy and concern
- Evaluate and address medication use system issues
 - Root cause analysis

<https://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=91>

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Root cause analysis (RCA):

- **Process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or risk of occurrence of a sentinel event.**
- **Focus is on systems and processes, not individual performance**
- **Identifying root causes illuminates significant, underlying, fundamental conditions that increase the risk of adverse consequences.**
- **RCA facilitates system evaluation, analysis of need for corrective action, tracking and trending**

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Table 1. Basic Questions to Answer During RCA

1. What happened?
2. What normally happens?
3. What do policies/procedures require?
4. Why did it happen?
5. How was the organization managing the risk before the event?

* Source: NM Board of Pharmacy newsletter March 2013

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Case Study:

- **Patient experienced sudden shortness of breath, chest pain (breathing worsened pain), dizziness, lightheadedness, anxiety and heart palpitations**
- **Patient went to ER, treated for a submassive pulmonary embolism.**
- **Admitted and Discharged after 5 days with prescriptions for atorvastatin 80 mg, Toprol XL 25 mg, lisinopril 5 mg and apixaban (Eliquis) 5 mg**
- **Hospital sent Rxs electronically to pharmacy**

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- **Case Study continued:**
- **Pharmacist dispensed medications and counseled patient.**
- **Patient received an automated message that a prescription was ready 5 days later.**
- **Went to pharmacy and received apixaban prescription. Claimed not aware of apixaban Rx.**
- **Physician upset and contacted pharmacy about delay. RPh said did not dispense apixaban because did not have full quantity to fill Rx and patient said he would wait.**

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- **Case Study continued:**
- **Pharmacist's actions appropriate? Was this a misfilled prescription?**
- **Does patient have enough knowledge of medications to know which are critical? What does the pharmacist have?**
- **Pharmacist's other options.**
- **- Partial fill...what else?**

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FDA Guidance – Insanitary Conditions

- Putting on gowning apparel in a way that may cause the gowning apparel to become contaminated
- Leaving the cleanroom and re-entering from a non-classified area without first replacing gowning apparel
- Performing aseptic manipulations outside of a certified ISO 5 area
- Failing to disinfect containers of sterile drug components or supplies immediately prior to opening
- Lack of adequate routine environmental monitoring - nonviable airborne particulate sampling; viable airborne sampling; and surface sampling, including but not limited to equipment, work surfaces, and room surfaces

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Insanitary Conditions - Continued

- Lack of adequate personnel sampling (including glove fingertip sampling)
- Lack of routine certification of the ISO 5 area, including smoke studies performed under dynamic conditions
- Lack of HEPA-filtered air, or inadequate HEPA filter coverage or airflow, over the critical area
- Buffer room or ISO 5 areas that contain overhangs or ledges capable of collecting dust (pipes and window sills)
- Failing to appropriately and regularly clean and disinfect (or sterilize) equipment located in the ISO 5 area
- Lack of disinfection of equipment and/or supplies at each transition from areas of lower quality air to areas of higher quality

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Serious conditions - FDA recommendation includes immediate recall and cease sterile operations

- Vermin (e.g., insects, rodents) or other animals (e.g., dogs) in ISO 5 areas or areas immediately accessible to production
- Visible microbial growth (e.g., bacteria, mold) in the ISO 5 area or in immediately adjacent areas
- Sources of non-microbial contamination in the ISO 5 area (e.g., rust, glass shavings, hairs, paint chips)
- Performing aseptic manipulations outside of a certified ISO 5 area
- Personnel aseptic practices that are a contamination hazard to an exposed sterile drug product or its constituent sterile components
- Exposing sterile drugs and materials to lower than ISO 5 quality air for any length of time. (i.e. exposing partially stoppered drug products or stock solutions in a container/closure system that is not fully closed)

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Serious conditions - FDA recommendation includes immediate recall and cease sterile operations

- Cleanroom areas with unsealed or loose ceiling tiles
- Production of drugs while construction is underway in an adjacent area
- Consistent and frequent pressure reversals from areas of less clean air to areas of higher cleanliness
- Using a filter for the purposes of product sterilization that is not appropriately graded for sterilization, not appropriate for pharmaceutical use, or used in excess of its volume or pressure capacity
- Using parameters for sterilization (e.g., temperature, pressure, time) that are not lethal to resistant microorganisms

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Pharmacy Crimes

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Rogue Online Pharmacies



- Consumer protection program operated by NABP
- Only 5% of 12,000 online pharmacies reviewed by NABP are in compliance with US pharmacy laws and practice standards
- Rogue online drug sellers put consumers at risk:
 - Fillers used: dry wall and rat poison
 - Consumer's financial and personal information stolen
 - Spam mail infect home computers with viruses
 - Counterfeit medications did not treat their medical condition and patients have died

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The Internet Pharmacy Market in 2016

Trends, Challenges, and Opportunities



January 2016
Prepared by LegiScript.com
for The Center for Safe Internet Pharmacies



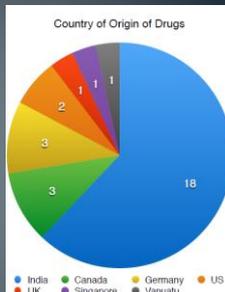
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- Every day, illicit online pharmacy operators create approximately 20 new websites worldwide.
- Of 30,000 to 35,000 illicit online pharmacies, 96% (globally and in the US) fail to adhere to applicable legal requirements.
- 92% of those operating illegally are doing so in a blatantly illicit manner – e.g. as the sale of prescription drugs without a valid prescription.
- Among the 92% of “blatantly illicit” online pharmacies, about 9% are selling controlled-substance prescription drugs

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India was the most common point of origin for the drug shipments.

Other countries included Germany, Singapore, the US, Canada, and The UK, although they were not always the original source of the drugs.



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- EVPharmacy largest illegal online pharmacy network has from 3,000 to 10,000 online pharmacies at one time that sell prescription drugs without a prescription.

Tries to persuade customers that it is a safe Canadian online pharmacy but is primarily run out of Russia and Eastern Europe

Reynolds Drug

- EVPharmacy hijacked a website previous operated by a real pharmacy (Reynolds Drug in South Carolina): reynoldsdrug.com which retained the pharmacy's address and branding.
- Orders placed on the website are filled by EVPharmacy with drugs being shipped from Pakistan and China

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VIPPS Accredited Pharmacies

- Verified Internet Pharmacy Practice Sites (VIPPS) enables consumers to confidently access legitimate internet pharmacies
- <https://nabp.pharmacy/programs/vipps/vipps-accredited-pharmacies-list/>

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Diversion

- **What is diversion?**
- **Definition: Transfer of a prescription drug from a lawful to an unlawful channel of distribution or use.**

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Preventing/Catching Forgeries

Check Patient PMP Reports

Keep E-alerts

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PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - PERSON EXHIBITS POTENTIAL ABUSE/MISUSE OF OPIATES
 - OVER-UTILIZATION
 - EARLY REFILLS
 - MULTIPLE PRESCRIBERS
 - SEDATED/INTOXICATED
 - UNFAMILIAR PATIENT
 - PAYING CASH INSTEAD OF INSURANCE

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PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - OPIATE Rx FROM UNFAMILIAR PRACTITIONER
 - OUT OF STATE OR USUAL GEOGRAPHIC AREA
 - OPIATE Rx FROM UNFAMILIAR PATIENT
 - OUTSIDE USUAL PHARMACY GEOGRAPHIC PATIENT POPULATION AREA

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PMP

- A RPh Shall request and review a PMP report if (at least 1 year time period):
 - INITIAL RX FOR ANY LONG-ACTING OPIOID FORMULATION
 - INCLUDES ORAL AND TRANSDERMAL DOSAGE FORMS
 - BECOME AWARE PATIENT IS RECEIVING AN OPIOID CONCURRENTLY WITH A BENZODIAZEPINE OR CARISOPRODOL.
- PMP reports shall be reviewed a **minimum of once every three months** during the continuous use of opioids for each established patient

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Pharmacy Robberies Albuquerque

- April 29, 2015 - Six Albuquerque Residents Indicted on Federal Robbery, Firearms, and Prescription Drug Trafficking Crimes Arising Out of Pharmacy Robberies -FBI.gov
- 3 fugitives at time of indictment
- Last suspect (Blake Gallardo) was arrested June 11, 2015
- Stole over 68,000 tablets of oxycodone

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Pharmacy Safety

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Pharmacy Robbery Response Training

- Train employees and new hires
- Have procedures for a robbery in progress – Post for pharmacy staff
- Awareness: develop an early warning system to alert pharmacy employees to a suspicious individual

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Signs

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Please remove all head coverings and sunglasses prior to entering the credit union.

Thank you for your cooperation.

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RxPATROL.COM

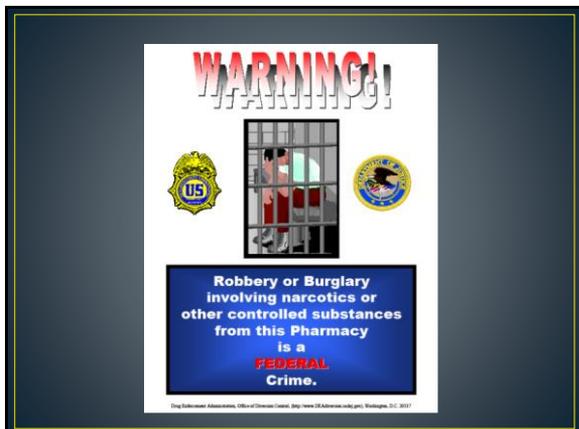
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RxPATROL.COM

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RxPATROL.COM

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APD Offered Training

Robbery Awareness Training – APD Contacts

Sgt. Hollie Anderson - handerson@cabq.gov

Adam Perea – alperea@cabq.gov

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Scam Phone Calls – BOP, DEA, FBI or other LE

- Callers identifying themselves as Board of Pharmacy Investigators, Inspectors or Agents
- Callers “spoofing” the Board of Pharmacy phone number
- Tells licensees they are under investigation and their license may be suspended or arrest warrant was issued and they demand money
- NMBOP will never contact licensees by telephone to demand money or payment of any form.

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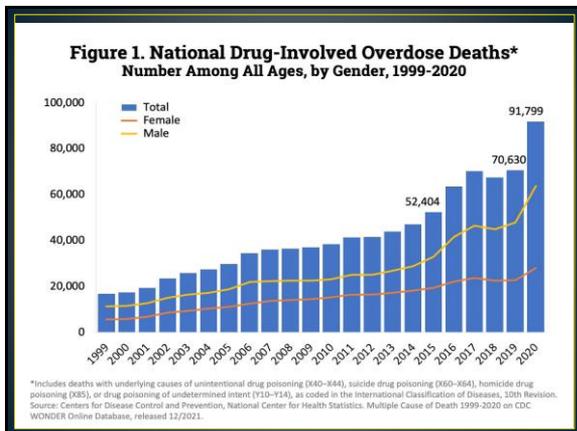
Scam Phone Calls

- Do not give them money!
- Do not give them any information!
- Contact an inspector or e-mail pharmacy.board@state.nm.us to inquire if there is an official investigation being conducted
- If the caller is stating they are from the DEA, you can report the scam using the [DEA Extortion Scam Online Reporting Form](#)
- If the caller is stating they are from the FBI, you can report the scam using the [FBI Internet Crime Complaint Reporting Form](#)
- If the phone number of the caller appears to be a New Mexico Board of Pharmacy telephone number, you can report the scam using the [Federal Communications Commission Consumer Complaint Form](#)

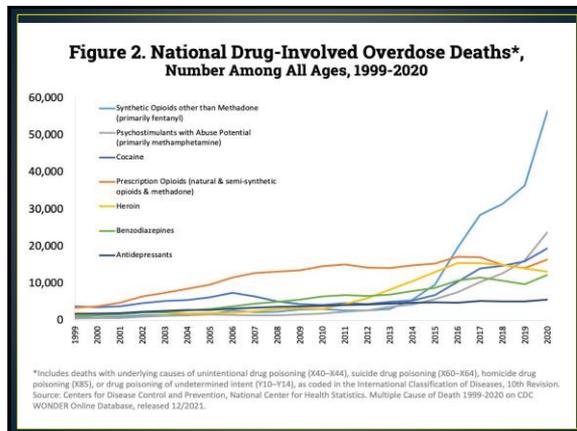
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United States Drug Overdose Epidemic

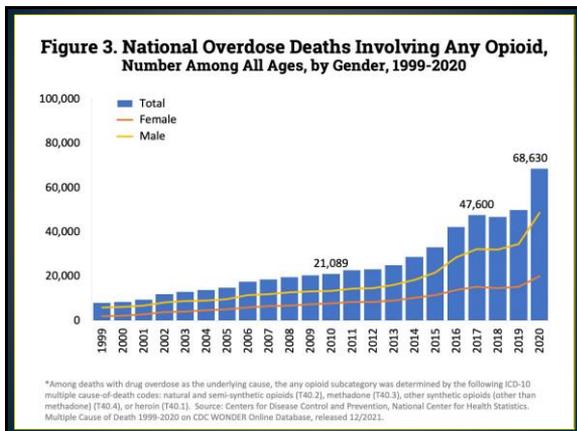
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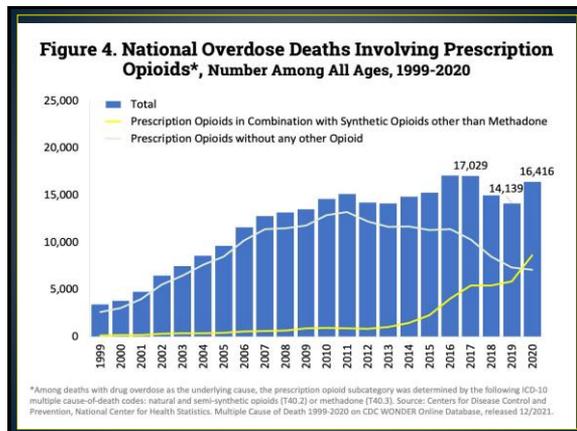
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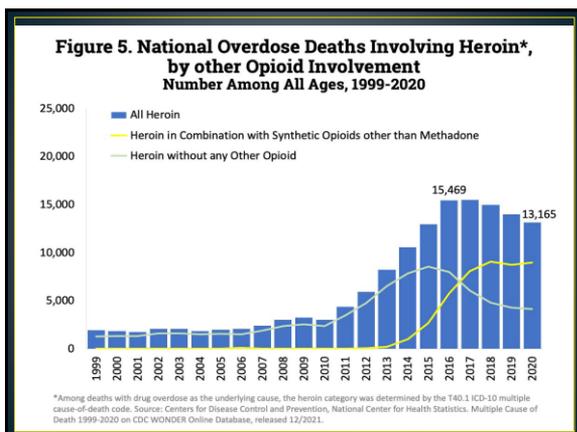
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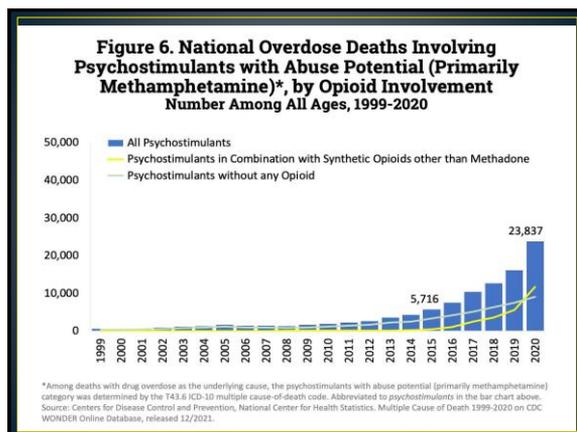
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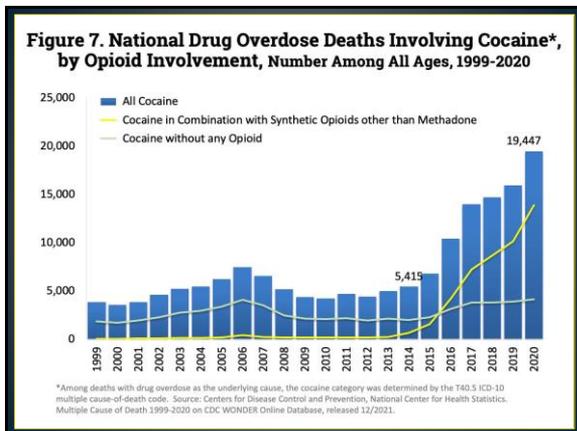
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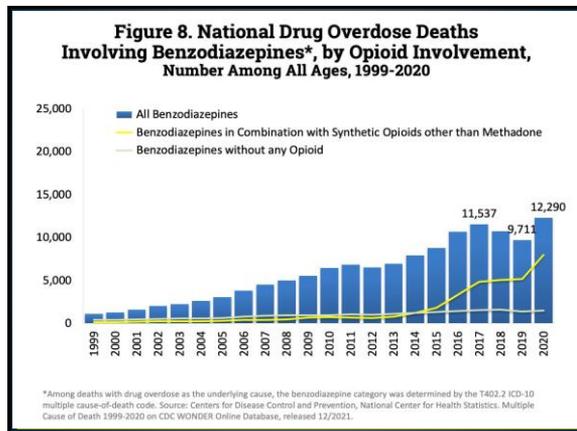
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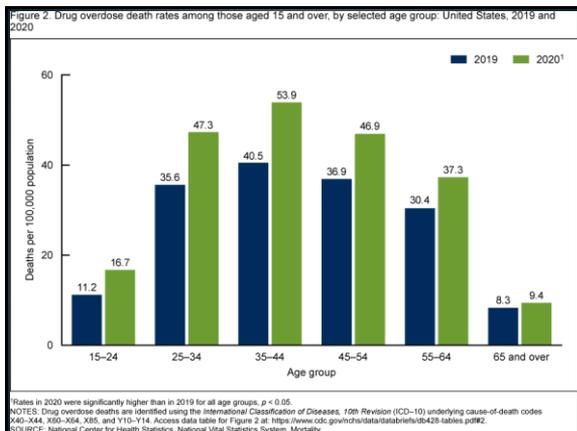
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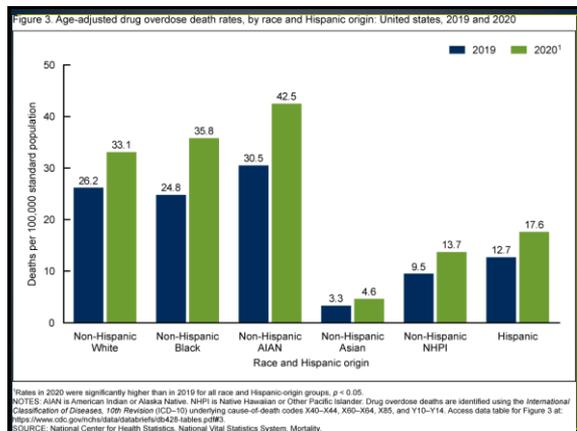
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Risk Factors for Prescription Painkiller Abuse and Overdose

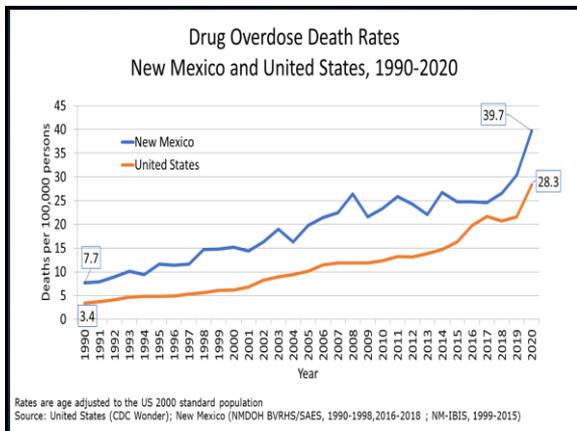
- Obtaining overlapping prescriptions from multiple providers and pharmacies.
- Taking high daily dosages of prescription painkillers.
- Having mental illness or a history of alcohol or other substance abuse.
- Living in rural areas and having low income.

<http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>

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New Mexico Drug Overdose Epidemic

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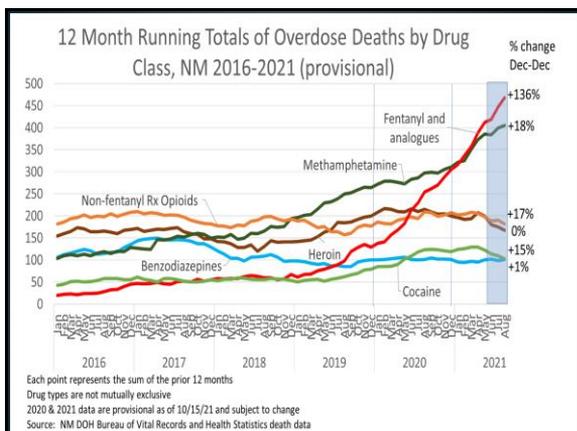
Drug Overdose Information and Statistics

The State of New Mexico compared to the United States average

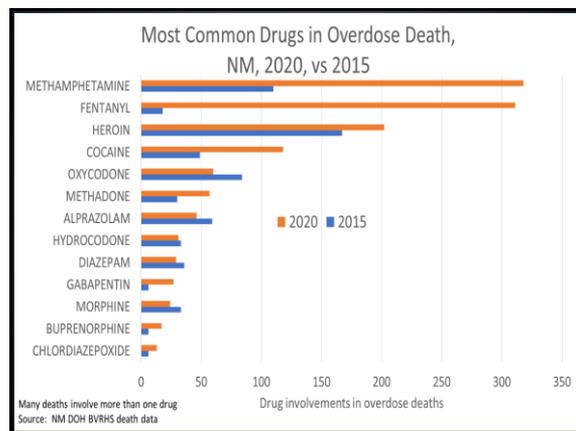
- In 2016, New Mexico had the **twelfth** highest drug overdose death rate (25.2 deaths per 100,000 age-adjusted population).
- In 2017, New Mexico had the **seventeenth** highest drug overdose death rate (24.8 deaths per 100,000 age-adjusted population).
- In 2018, New Mexico had the **sixteenth** highest drug overdose death rate (26.7 deaths per 100,000 age-adjusted population).
- In 2019, New Mexico had the **twelfth** highest drug overdose death rate (30.2 deaths per 100,000 age-adjusted population).
- In 2020, New Mexico had the **ninth** or **tenth** highest drug overdose death rate (39.7 per 100,000) based on current data. CDC data not finalized.

<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2015.html>
<https://www.cdc.gov/drugoverdose/data/statedeaths/drug-overdose-death-2019.html>

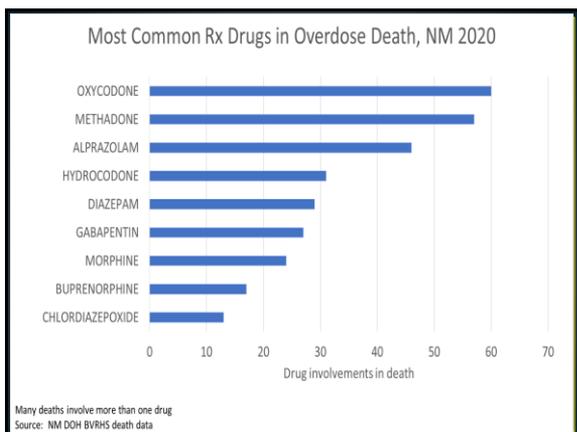
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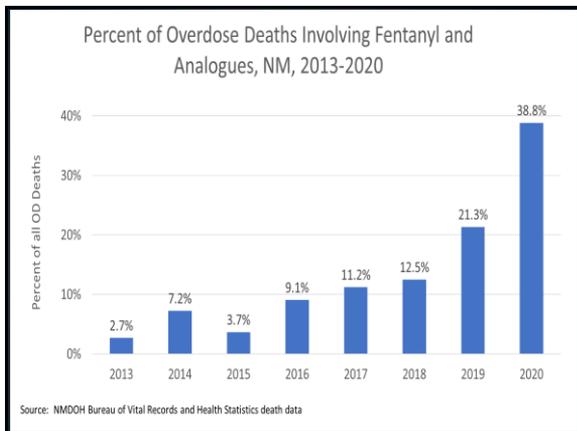
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FDA Gabapentinoid Warning! - 12/19/2019

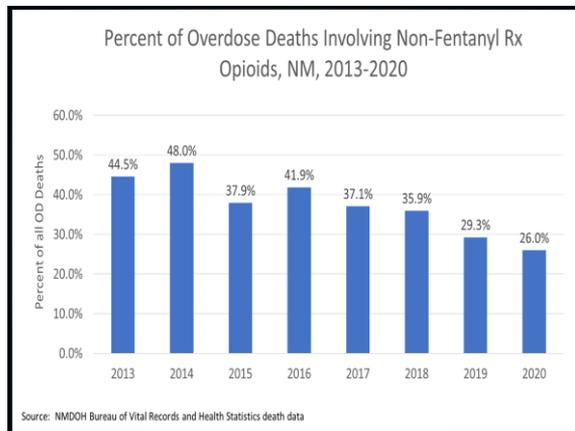
- Serious Breathing Difficulties may occur in patients using gabapentin or pregabalin who have respiratory risk factors.
- Risk Factors include:
 - Use of opioid pain medications
 - Use of CNS depressants – anti-anxiety meds, antidepressants, antihistamines
 - COPD or other underlying respiratory disease
 - Elderly patient

FDA advice for HCPs - start gabapentinoids at lowest dose possible and monitor for symptoms of respiratory depression and sedation when co-prescribed with an opioid or other CNS depressant

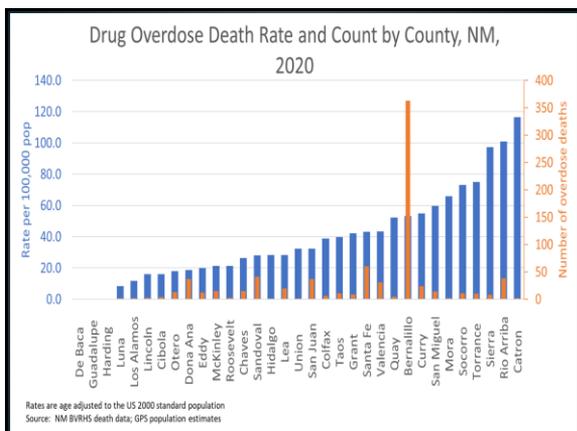
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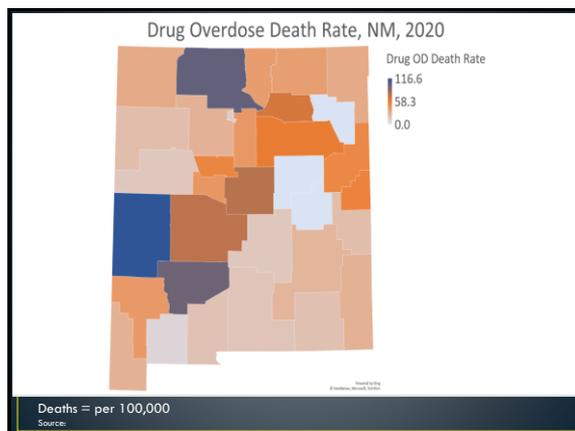
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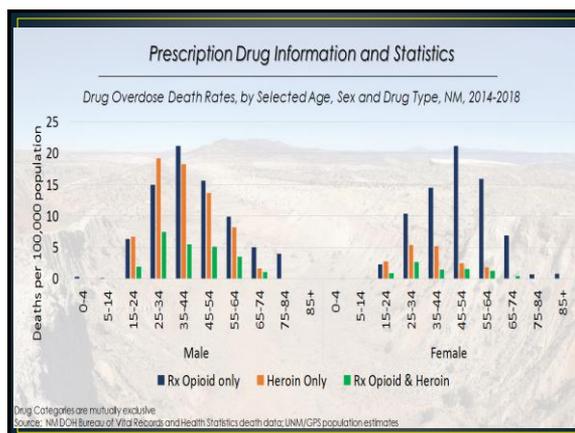


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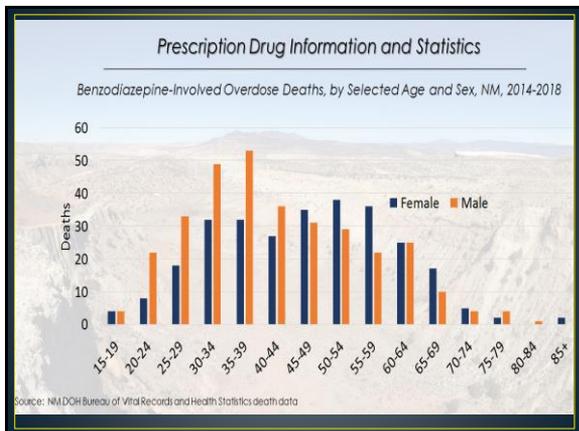
High Risk Prescribing Patterns

- Long term use of opioids (≥ 90 days)
- High doses of opioids (≥ 90 MME/day)
- Overlapping prescriptions of opioids from different prescribers
- Multiple Provider Episodes (MPE: Doctor and pharmacy shopping)
- The combination of opioids and sedative-hypnotics
- The combination of opioids, benzodiazepines and muscle relaxants

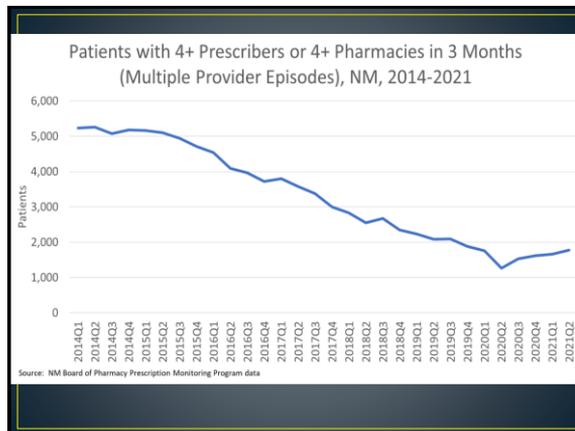
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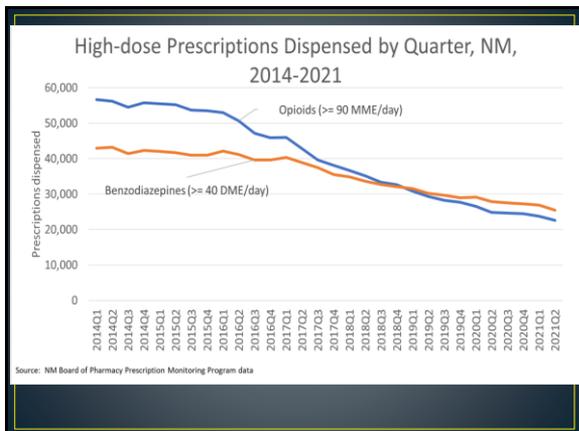
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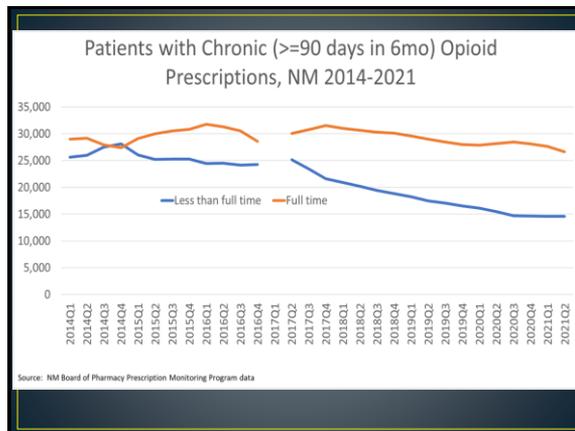
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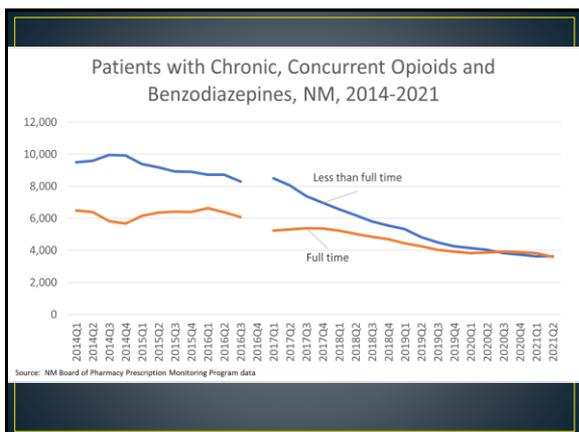
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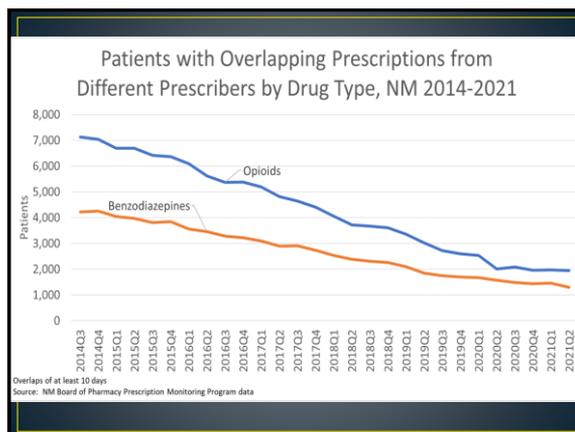
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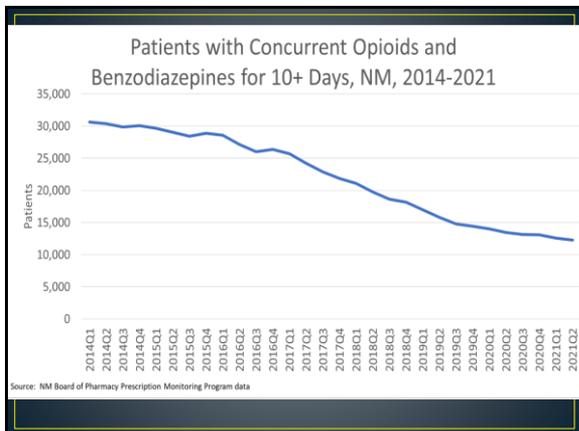
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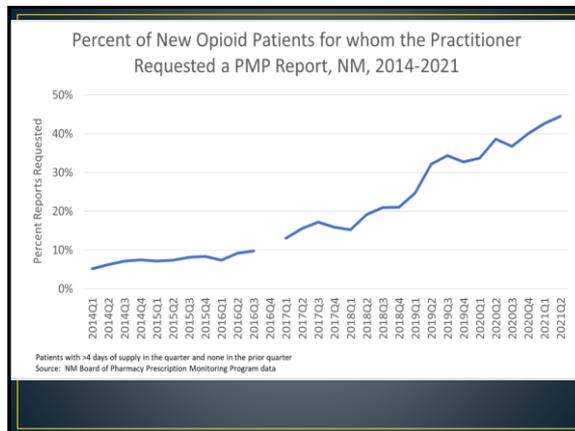
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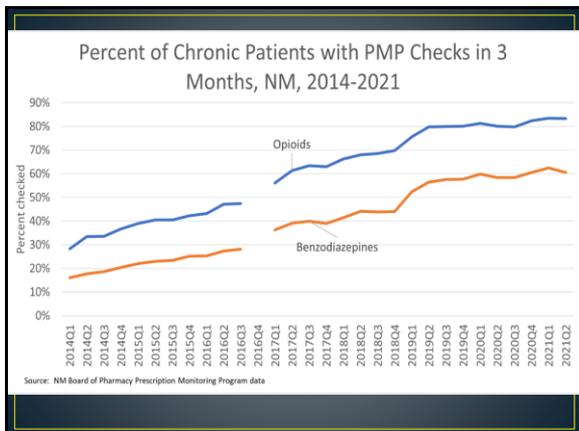
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**OPIOID OVERDOSE
EPIDEMIC RESPONSE**

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**Office of National Drug Control
Policy - National Drug Control Strategy**

- Prevention and Early Intervention
- Harm Reduction
- Substance Use Disorder Treatment
- Building a Recovery-Ready Nation
- Domestic Supply Reduction
- International Supply Reduction
- Criminal Justice and Public Safety
- Data and Research

Source: 2022 National Drug Control Strategy

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**Rx drug misuse, abuse and overdose related
laws in NM**

- Laws Requiring a Physical Examination before Prescribing*
- Laws Requiring Tamper-Resistant Prescription Forms
- Laws Regulating Pain Clinics
- Laws Setting Prescription Drug Limits*
- Laws Prohibiting "Doctor Shopping"/Fraud* - general language
- Laws Requiring Patient Identification before Dispensing*
- Laws Providing Immunity from Prosecution/Mitigation at Sentencing for Individuals Seeking Assistance During an Overdose*

Source: <http://www.odc.gov/HomeandRecreationalSafety/Poisoning/Laws/state/index.html>
*NM has few in this category

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- In 2001, New Mexico - first state to amend its laws to make it easier for medical professionals to provide naloxone, and for lay administrators to use it without fear of legal repercussions.
- In 2007, New Mexico - first state to amend its laws to encourage Good Samaritans to summon aid in the event of an overdose. Provides criminal immunity for both the person in need and the person who sought help.

Source: Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws, The Network for Public Health Law May 2013

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Rescue Drug Law

- March 2016, SB 262 / HB 277 signed into law : significantly expanded naloxone access (possess, store, distribute, prescribe, administer). NMSA 24-23-1
- Naloxone standing orders (issued NM DOH March 2016)
 - Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist
 - A licensed prescriber may directly or by SO prescribe, dispense, or distribute an opioid antagonist to (several categories)

Sources: SB 262, HB 277; Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws; The Network for Public Health Law May 2013

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Substance Abuse and Mental Health Services Administration (SAMHSA)

Find Treatment

Find information on locating physicians and treatment programs authorized to treat opioids, such as buprenorphine or prescription pain relievers, or www.samhsa.gov/treatment assisted treatment (AT) or injection programs. findtreatment.samhsa.gov

Behavioral Health Treatment Services Locator

Find alcohol, drug, or mental health treatment facilities and programs around the country at findtreatment.samhsa.gov

Buprenorphine Physician & Treatment Program Locator

Find information on locating physicians and treatment programs authorized to treat opioids, such as buprenorphine or prescription pain relievers, or www.samhsa.gov/treatment assisted treatment (AT) or injection programs. findtreatment.samhsa.gov

Early Serious Mental Illness Treatment Locator

Find treatment programs in your state that treat recent onset of serious mental illness such as psychosis, schizophrenia, bipolar disorder, and other conditions at www.samhsa.gov/early-serious-treatment.

Opioid Treatment Program Directory

Find treatment programs in your state that treat addiction and dependence on opioids, such as buprenorphine or prescription pain relievers, at dtd.samhsa.gov/dtd/index.cfm.

Learn More

Find out more about these treatment topics:

NEED TO TALK? WE'RE HERE TO HELP.

Suicide Prevention Lifeline

24-hour, toll-free, confidential suicide prevention helpline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 150 crisis centers.

SAMHSA's National Helpline

1-800-662-HELP (4357) TTY: 1-800-487-4889 Website: www.samhsa.gov/find-help/national-helpline

Also known as the Treatment Referral Routing Service, this Helpline provides 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

Disaster Distress Helpline

1-800-985-5999 Website: www.samhsa.gov/find-help/disaster-distress-helpline

Stress, anxiety, and other depression-like symptoms are common.

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Samhsa-Certified Opioid Treatment Programs

Program Name	DBA	Street	City	State	Zipcode	Phone	Certification	Full Certification
Albuquerque Health Services	Albuquerque Health Services	112 Monroe St., NE	Albuquerque	NM	87108	(505) 260-9917	Certified	11/2/2018
Recovery Services of New Mexico, LLC	Recovery Services of New Mexico	1538 Five Points Rd. SW	Albuquerque	NM	87105	(505) 343-4919	Certified	9/2/2016
Metro Treatment of New Mexico	Central New Mexico Treatment center	830 Haines NW	Albuquerque	NM	87102	(505) 268-2611	Certified	7/2/2016
Albuquerque Health Services	Albuquerque Health Services, New Clinic	172 Montana Rd. NW	Albuquerque	NM	87107	(505) 334-5590	Certified	1/26/2018
Recovery Services of NM MDC, LLC	Recovery Services of New Mexico MDC	300 Deputy Dean Miera Dr. S.W.	Albuquerque	NM	87151	(505) 819-4700	Certified	10/26/2011
Albuquerque Treatment Services, LLC		123 Madiera Street, SE	Albuquerque	NM	87109	(505) 262-1538	Certified	5/18/2015
Duke City Recovery ToolBox, LLC	Duke City Recovery ToolBox	912 First Street NW	Albuquerque	NM	87102	(505) 224-9777	Certified	11/7/2014
Addictions & Substance Abuse Program (ASAP)	NAT	2900 Yale Blvd. SE	Albuquerque	NM	87106	(505) 954-7999	Certified	11/18/2015
Crucial Transformations, Inc.	Crucial Transformations	1901 1st Laboratory NE	Albuquerque	NM	87107	(505) 880-7900	Certified	4/7/2014
Metro Treatment of New Mexico, LP	New Season Albuquerque North	9421 Coors Blvd NW, Suite J&K	Albuquerque	NM	87114	(505) 445-2400	Certified	12/3/2013
State of the Heart Recovery Inc.		201 California St NE	Albuquerque	NM	87109	(505) 308-4296	Certified	3/28/2012
Albuquerque Health Services - South Valley Clinic	Albuquerque Health Services	1309 Isleta Blvd SW	Albuquerque	NM	87105	(505) 878-1973	Certified	1/7/2012
Recovery Services of New Mexico, LLC	Recovery Services of New Mexico Belen	2443 Highway 47	Belen	NM	87002	(505) 861-3066	Certified	12/6/2011
Albuquerque Health Services	Espanola Health Services	612 N Pecos de Onate	Espanola	NM	87532	(505) 747-0221	Certified	11/7/2011
New Mexico Treatment Services, LLC	Una Ala Clinic	1227 N Railroad Ave	Espanola	NM	87532	(505) 747-8187	Certified	11/2/2011
New Mexico Treatment Services LLC	Farmington	407 E Apache	Farmington	NM	87401	(505) 326-2012	Certified	8/7/2011
ALT Recovery Group	ALT Recovery Group	1141 Mail Drive	Las Cruces	NM	88001	(575) 522-0660	Certified	3/3/2011
Rio Rancho Health Services	Recovery Services of New Mexico	1558 Stephanie Rd. SE	Rio Rancho	NM	87144	(505) 896-5517	Certified	6/11/2010
Recovery Services of New Mexico, LLC	Roswell	1107 South Atkinson	Roswell	NM	88203	(575) 578-4626	Certified	10/7/2011
Santa Fe Health Services		1246 S. St. Francis Drive	Santa Fe	NM	87505	(505) 830-9970	Certified	1/7/2012
New Mexico Treatment Services, LLC	Una Ala Clinic	1244 Roche Rd	Santa Fe	NM	87505	(505) 962-2129	Certified	5/4/2016

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