MISSISSIPPI BOARD OF PHARMACY UPDATES

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Financial Disclosures and C.E. Information

Catina White and James Ramsey declare that they have no current affiliations or financial relationships with any ineligible companies relevant to the subject matter of this continuing pharmacy education activity within the past 24 months.

The University of Mississippi School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
ACPE Universal Activity Number: **0032-9999-24-016-L03-P**
Activity type: **knowledge-based**
Credits: **1.0 contact hour (0.1 CEU)**

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LEARNING OBJECTIVES

SUMMARIZE	Summarize the pharmacy inspection process for long-term care facilities and institutional settings
DISCUSS	Discuss Mississippi Board of Pharmacy requirements for long-term care consultant pharmacists vs consultants for multi-provider clinics and surgery centers
DESCRIBE	Describe drug diversion awareness and prevention measures
DISCUSS	Discuss recent updates to pharmacy regulations

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MS BOP INSPECTION

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The MS Board of Pharmacy appreciates your cooperation during an inspection. The mission of the Board is to protect and promote the health of Mississippi citizens by regulating and controlling the practice of pharmacy and the distribution of prescription drugs and devices. Our inspections are done by compliance agents of the Board of Pharmacy. Inspections are routine (once every 12-18 months), unannounced visits. The goal of an inspection is to safeguard the health and safety of consumers. An inspection is also an opportunity for our compliance agents to provide education, guidance, and answers to any questions you may have.

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What to expect during an inspection:

Compliance Agent will identify him or herself (provides business card and shows badge if asked)

Conducts the inspection with professionalism and good judgement

Provides information

Answers questions about regulations

Reviews documentation

Post Inspection summary

Follow up

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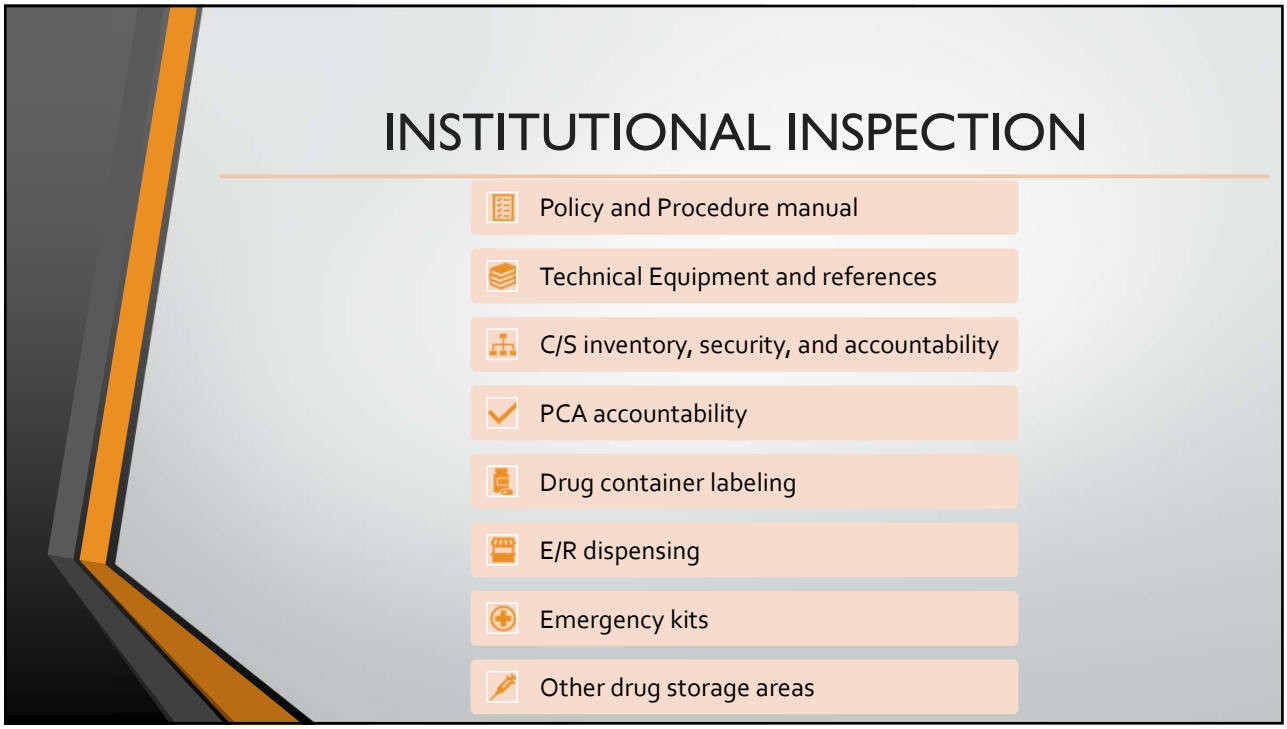
INSTITUTIONAL INSPECTION
Policy and Procedure manual
Technical Equipment and references
C/S inventory, security, and accountability
PCA accountability
Drug container labeling
E/R dispensing
Emergency kits
Other drug storage areas

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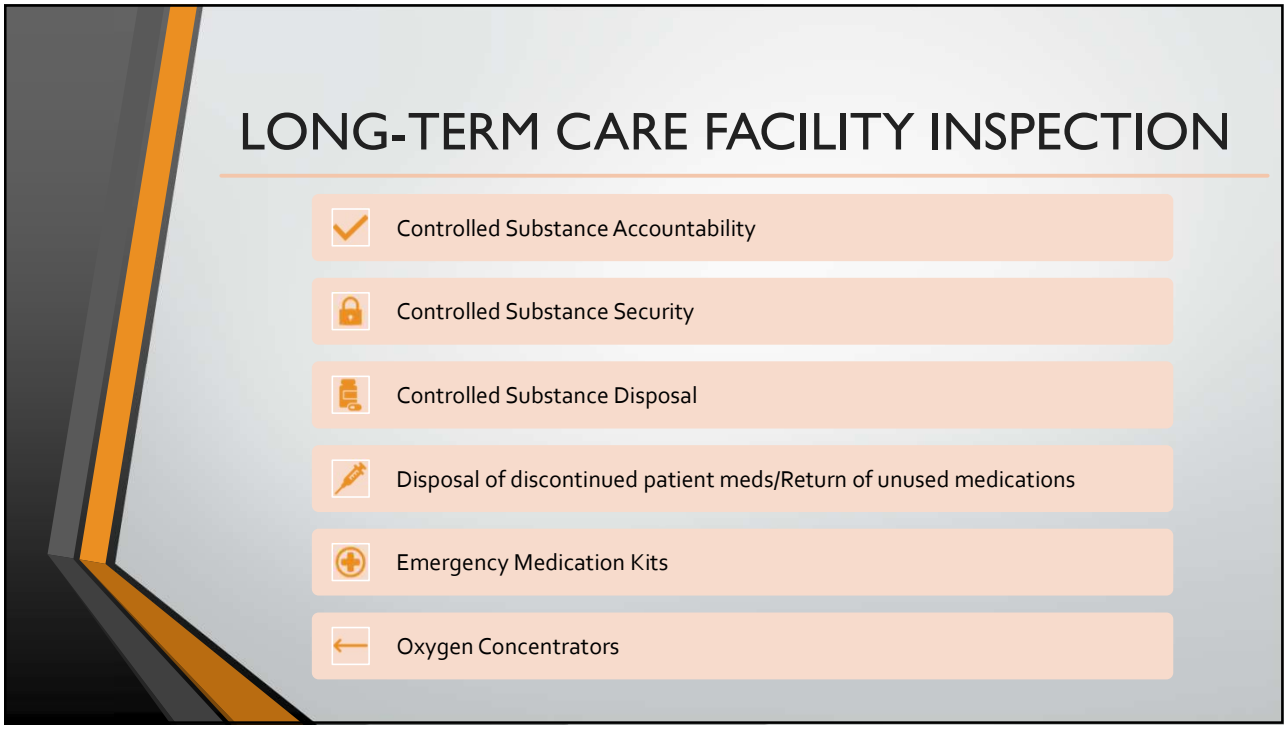
LONG-TERM CARE FACILITY INSPECTION
Controlled Substance Accountability
Controlled Substance Security
Controlled Substance Disposal
Disposal of discontinued patient meds/Return of unused medications
Emergency Medication Kits
Oxygen Concentrators

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AMBULATORY SURGERY CENTERS AND MULTI-PROVIDER CLINICS (ASC/MPC) CONSULTANT

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AMBULATORY SURGERY CENTERS AND MULTI-PROVIDER CLINICS (ASC/MPC)

- Every ASC (ambulatory surgery center) or multi-provider clinic will need a clinic DEA registration if controlled substances are ordered under one DEA number for administration by multiple providers/practitioners. In order to get the DEA clinic registration, an ASC or multi-provider clinic must first have a state permit with the MS BOP. This permit along with a DEA registration allows the ASC/clinic to order controlled substances for the facility to be used by multiple providers/practitioners under one clinic DEA number.
- A consultant pharmacist permit would not require a separate CS registration.
- Any licensed pharmacist can serve as the consultant pharmacist for ASC/clinic permits. There is a requirement that there be at least a monthly onsite visit to review processes and ensure reconciliation of controlled substances.

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ASC/MPC (CON'T)

ASC/MPC is responsible for complying with Article L

- Consultant pharmacist required (responsible for providing guidance as indicated in Article LI)
- Record keeping
- Storage
- Security
- Inventory

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ASC/MPC CONSULTANT PHARMACIST ARTICLE LI

1. For purposes of this article, a consultant pharmacist for an ambulatory surgery center (ASC) or multi-provider clinic (MPC) shall mean any Mississippi licensed pharmacist who is listed on an ASC/MPC permit (pharmacist-in-charge). The consultant pharmacist is on site at least monthly to conduct a review of medication-related processes and to ensure appropriate reconciliation of controlled substances. The consultant pharmacist for an ASC/MPC would not need a nursing home consultant certificate. The consultant pharmacist is responsible for providing recommendations only to the ASC/MPC.

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Self-Assessment Question #1

MS Board of Pharmacy inspections occur every:

a. 6-9 months
b. 12-18 months
c. 18-24 months
d. 24-36 months

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Drug Diversion

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WHAT IS DRUG DIVERSION?

- "Drug diversion is when prescription medications are obtained illegally" – CDC
- "Drug diversion can be defined as the diverting of legal drugs for illicit purposes" – DEA
- Drug diversion puts patients at risk:
  - Denial of pain medications
  - Being cared for by an impaired healthcare worker
  - Risk of infections if drugs have been tampered with

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SIGNS OF POSSIBLE DIVERSION

- Patients complaining of unrelieved pain or not receiving medications that have been documented as administered
- Drug-related items found in staff bathrooms or breakrooms
- Controlled medications with broken seals or unsecured caps or found in carts out of exterior packaging
- Behavioral changes: volunteering for overtime or coming to work on days off, extended or frequent breaks and disappearances during shift, asking colleagues to sign off on waste that they didn't witness or using a waste buddy, frequent charting or medication errors
- Physical changes: constricted pupils, sweating, chills, runny nose, itching and scratching, wearing longs sleeves in warm weather

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COMMON METHODS OF DIVERSION

- Diversion from waste
- Accessing medication when it is not needed
- Removing medication for a patient when it is not needed
- Removing a duplicate dose
- Reusing a fentanyl patch
- Falsifying a verbal or electronic order
- Using a co-worker's login to access the ADC
- Tampering or substitution

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TIPS FOR PREVENTING DIVERSION

- Controlling access and chain of custody
- Adopt policies and procedures related to storage, security, waste, and disposal
- Monitoring
- Promoting a safe culture

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PERMITTED **LTC** WITH A CONSULTANT PHARMACIST

- Policies and procedures
- Reporting – notify Board of loss or suspected loss immediately
- Emergency kit compliance
- Disposal of patient medication
- Documentation
- Consultant pharmacist review

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PERMITTED **ASC/MPC** WITH CONSULTANT PHARMACIST

- Policies and procedures
- Reporting – notify Board of loss or suspected loss
- Accountability audits
- Annual controlled substance inventory (advise facility)
- Consultant pharmacist review

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Self-Assessment Question #2

All of the following are conventional tips for preventing diversion **EXCEPT**:

a) Promote a safe culture

b) Monitoring

c) Employee drug tests every 7 days

d) Adopt policies and procedures related to storage, security, waste and disposal

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Self-Assessment Question #2

All of the following are conventional tips for preventing diversion **EXCEPT**:

a) Promote a safe culture
b) Monitoring
c) Employee drug tests every 7 days
d) Adopt policies and procedures related to storage, security, waste and disposal

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Self-Assessment Question #3

A consultant pharmacist should be notified by the LTC facility staff of a loss or discrepancy of controlled substances within:

a) 1 hour
b) 6 hours
c) 15 hours
d) 24 hours

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REGULATION UPDATES

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OCCUPATIONAL LICENSING REVIEW COMMISSION

The legislature created the Occupational Licensing Review Commission (OLRC) to review and approve regulatory additions and revisions beginning July1, 2017.

The Commission is composed of the Governor, Secretary of State, and the Attorney General or their representatives. The purpose of the commission is to ensure that regulations are not overly burdensome or restrictive.

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THE PROCESS OF SUBMITTING REGULATIONS

1) The Board approves proposed regulation.

2) The proposed regulation is submitted to the OLRC.

3) After the OLRC acknowledges receipt of proposed regulation, the regulations may be filed to the Secretary of State as "proposed".

4) There is a 25-day public comment period. Any comments of concern or support may be sent to Board Counsel Avery Lee (averylee@mbp.ms.gov).

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THE PROCESS OF SUBMITTING REGULATIONS (CONTINUED)

5) After the public comment period, the regulations must be resubmitted to the OLRC along with any public comments received and, if any, changes made by the Board. The regulation is submitted as "final".

6) Once the OLRC approves the final regulation, the regulation is filed with the Secretary of State as a final regulation. The regulation becomes effective 30 days after filing with the Secretary of State's office as final.

If public comments are received, the regulations and comments are sent back to the Board for review/changes.

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NEW/REVISED REGULATIONS 2023-CURRENT

Article III
Pharmacy Extern/Intern Registration and Practical Experience Requirement - Amendment

Article L
Ambulatory Surgery Centers and Multi-Provider Clinics - New Rule

Article XX
Partial Filling of Schedule II Prescriptions -Amendment

Article LI
Consulting Pharmacists to Ambulatory Surgery Centers and Multi-Provider Clinics - New Rule

Article XXXI
Compounding Guidelines - Amendment effective 4/12/2024

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PROPOSED
REGULATIONS/AMENDMENTS
Updates to the Administrative Rules - posted for comment on January 29, 2024
Article XXX: Institutional/Long-Term Care Facilities - posted for comment on January 29, 2024
Article XXXV: Institutional Emergency Medication Kit Permits - posted for comment on January 29, 2024

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QUESTIONS
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