

PHARMACIST CONTINUING EDUCATION REQUIREMENTS

Pharmacist continuing education (CE) must be approved by the Accreditation Council for Pharmacy Education (ACPE) except the 2 hours of child abuse recognition and reporting continuing education must be Board-approved. Continuing education programs may be live, correspondence programs or a combination of both types of programs. Excess continuing education earned in one renewal period cannot be carried over into the next renewal period.

Pharmacists must complete 30 contact hours of ACPE-approved pharmacist continuing education during the biennial renewal period. 2 or 3 hours of the 30 hours must include a Board-approved child abuse recognition and reporting requirements continuing education program. Also, pharmacists must earn 2 contact hours (of the total 30 hours) in the ACPE topic designator “Patient Safety.” The ACPE topic designator for “Patient Safety” is 05.

Special continuing education requirements:

Pharmacists who have an active authorization to administer injectable medications, biologicals and immunizations must also meet an additional continuing education requirement. At least 2 of the required 30 hours must concern the administration of injectable medications, biologicals, and immunizations, including, but not limited to, disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events and related topics.

Exceptions:

Pharmacists who applied **by examination** and are renewing their licenses for the **first** time are exempt from completing the regular pharmacist continuing education for the first renewal but *must still complete* a 2 or 3 hour Board-approved child abuse recognition and reporting continuing education program in order to renew their licenses.

Pharmacists who applied **by reciprocity** and are renewing their licenses for the **first** time will have their continuing education prorated for their first renewal period only. Please review Board Regulation Section 27.32(e) ([Regulations](#)) for more specific information on the amount of continuing education that would be due for the **first** renewal. Please also note the additional continuing education requirements referenced above for patient safety, the authorization to administer injectable medications, biologicals and immunizations and child abuse recognition and reporting; these requirements still apply even if the pharmacist must complete less than 30 contact hours for the first renewal.

Important Considerations:

Remember, **all pharmacists** must complete a 2 or 3 hour (of the total 30 hours) Board-approved child abuse recognition and reporting requirements continuing education program. Here is the link to [Board Approved Act 31 Child Abuse Recognition and Reporting Continuing Education Providers](#). When registering for a program, use your legal name as registered with the Board, your complete pharmacist license number, your correct date of birth and your correct social security number. These identifiers are used for the importation of program information into your license record. You must also allow the program provider at least two weeks to submit this information to the Board. If you

delay taking a program, you may be unable to renew your pharmacist license prior to the expiration date.

The Board-approved child abuse recognition and reporting continuing education is not ACPE-approved. These programs cannot be reported to the CPE Monitor. Rather, they will be sent electronically by a Board-approved program provider to your pharmacist license record. Please contact the program provider if you have questions regarding whether your program was submitted to the Board.

When reviewing your CE records, have you confirmed that the continuing education course was intended for a pharmacist? The ACPE Universal Activity Number will end in "P" if it is a pharmacist continuing education program.

Are all programs ACPE-approved (except the Board-approved child abuse continuing education which is only Board-approved)? ACPE-approved programs will include an ACPE Universal Activity Number. Note: The Pennsylvania Board does not accept programs that are individually approved by other states' boards of pharmacy.

Does your ACPE-approved "Patient Safety" continuing education include the "05" topic designator? The ACPE "Patient Safety" Universal Activity Number will be in the format ____-____-__-____-__05-P.

ACT 31

Act 31 was passed into law and was effective January 1, 2015. This Act requires all pharmacists applying for the renewal of their pharmacist license to complete at least 2 hours of Pennsylvania State Board of Pharmacy-approved continuing education in child abuse recognition and reporting requirements. That means for the first time, with the 2016 pharmacist license renewal, all Pennsylvania-licensed pharmacists will need to complete an approved course in order to renew this year. Please note that this and all other continuing education requirements must be met before attempting to renew a license.

Since the child abuse recognition and reporting continuing education (CE) programs are approved by the Pennsylvania State Board of Pharmacy (Board) and not by the Accreditation Council for Pharmacy Education (ACPE), this CE falls outside of the normal channels and recordkeeping of ACPE-approved pharmacist CE courses. Pharmacists can review and check the status of ACPE-approved pharmacist CE on the CPE Monitor; however, information on completed child abuse programs is unavailable on the CPE Monitor.

All Board-approved child abuse program providers are legally required to electronically transmit the information to the Board office. Please maintain your certificate of completion with your other continuing education records. If you have questions on whether the information was submitted to the Board, please contact your program provider.

If a 2-hour course is taken for child abuse, Pennsylvania pharmacists will need 28 more ACPE-approved pharmacist CE contact hours to be in compliance. If a 3-hour course is taken, 27 more ACPE-approved pharmacist CE contact hours are needed. Remember, the Board-approved child abuse program WILL NOT appear on the CPE Monitor.

If you have not taken a Board-approved child abuse recognition and reporting continuing education program, or there was something wrong with registering your course with the Commonwealth, you will be blocked from renewing your license. Therefore, when registering for any Board-approved courses, it is extremely important to use your legal name as registered with the Board and an accurate license number, date of birth and social security number. It is recommended that you renew at the earliest possible time this summer in order to have as much time as possible to resolve any possible issues.

If you have not taken a Board-approved child abuse course by the time this newsletter article reaches you, take the course as soon as possible in order to avoid any issues with your renewal. It may take an approved provider two weeks to electronically submit this information to the Board.

For more information, go to www.dos.pa.gov/pharm and click on the “Announcements” link for information on Act 31 and a list of Board-approved child abuse recognition and reporting continuing education programs.

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NALOXONE AND THE PRACTICE OF PHARMACY IN PENNSYLVANIA

Ray J. Michalowski, Esq. – Senior Prosecution Liaison to the Pennsylvania State Board of Pharmacy
The Pennsylvania State Board of Pharmacy has received a significant number of inquiries regarding the effect of the “Naloxone Law” on pharmacies, pharmacists and their practice of pharmacy in the Commonwealth as it relates to the prescribing and dispensing of the opioid/opiate reversal agent, Naloxone. The statute in question, Act 139 of 2014, became effective on December 1, 2014, and from the date of its inception has been a rousing success with at least 800 lives saved from the use of Naloxone by first responders and others empowered to administer Naloxone by Act 139. While the Board of Pharmacy cannot render an advisory opinion regarding Act 139 and the many questions it has raised for pharmacists, a review of the plain language of the Act and its intended purpose and effect will follow, hopefully addressing any questions that remain about this subject.

Act 139, which amended The Controlled Substance, Drug, Device and Cosmetic Act, is an Act authorizing the significantly expanded prescribing, dispensing and use of Naloxone by first responders and others who have a relationship to a person or persons suffering from opioid addiction. Act 139 contains numerous immunity provisions, including immunity from criminal, civil and professional licensing actions for any licensed healthcare professionals, including pharmacies and pharmacists, who, acting in good faith, dispense Naloxone, and from any consequences related to its eventual administration to a patient.

This immunity provision was a very clever way for the Legislature to make Act 139 broadly effective. Rather than try to individually identify and modify each and every law which Act 139 may come into conflict with, the immunity provision robustly protects a great variety of licensed healthcare professionals from many kinds from civil, criminal and licensure prosecution when the professional in question acts in good faith to dispense or prescribe Naloxone, and allows prosecutions only if a

professional acts with an intent to harm or with reckless indifference to a substantial risk of harm. Although it is not impossible to theoretically envision a scenario where such very high standards of proof and reckless or harmful intent might be met, in reality, they are and should be exceedingly rare.

Additionally, Act 139 allows pharmacists to dispense Naloxone through the use of a standing order to first responders or other classes of persons, such as the friends and/or family of an opioid addicted person. Although Act 139 does not explicitly define who may issue such a standing order, but because the Act became part of The Controlled Substance, Drug, Device and Cosmetic Act and speaks of 'licensed' healthcare professionals, it plainly indicates that only those persons lawfully authorized to prescribe Naloxone generally within the Commonwealth may issue a valid standing order of the kind described in Act 139. To that end, the Physician General of Pennsylvania, physicians working with certain local health departments and other licensed physicians have written standing orders for the dispensing of Naloxone in manners meant to further the intent of Act 139. A copy of the Physician General's standing order, and other useful information regarding Act 139 and the Opioid crisis in Pennsylvania generally, can be found on the [Department of Health's web site](#).

Note that while Act 139 provides pharmacists immunity from prosecution for the act of dispensing Naloxone in accordance with Act 139, a pharmacist and pharmacy that dispenses Naloxone must still fulfill and comply with all rules and regulations ancillary to dispensing. Record keeping is an area of frequent inquiry regarding Act 139 and nothing in the Act abrogates the duty of a pharmacist to keep complete and accurate records for all medications it dispenses, including Naloxone. When dispensing Naloxone pursuant to a standing order, a copy of the standing order must be obtained, its written conditions and limitations followed, and a copy must be kept in the records of the pharmacy. Dispensing Naloxone that is mislabeled, expired, or visibly contaminated would also not fall under the immunity provisions of Act 139, possibly because it shows a lack of good faith, but also because it implicates duties of a licensee ancillary to the act of dispensing.

It is the intent of Act 139 that Naloxone availability be vastly expanded in appropriate ways. However, it is not the intent of the Act to require a pharmacist to act in any manner that is not in accordance with their sound clinical judgment. When evaluating whether Naloxone may be dispensed to a person or entity seeking it, the Pharmacy Act and the Board's regulations not only encourage, but require pharmacists to exercise the same sound professional judgment in dispensing Naloxone, whether directly to a patient, or more likely to a third party of the kind identified in Act 139, that would be exercised for the dispensing of any other medication.

In summary, Naloxone may be dispensed, in good faith and using sound professional judgment, by a licensed Pennsylvania pharmacist to any person or entity covered by Act 139, pursuant to and in accordance with an individual prescription or a standing order issued by a duly licensed healthcare professional for its dispensing. Complete and accurate records must be kept, and all other duties of a pharmacist that are ancillary to the act of dispensing Naloxone must be complied with in full whenever Naloxone is dispensed.

S.A.R.P.H. PEER ASSISTANCE PROGRAM

Dear Friends and Pharmacy Colleagues,

A Problem.

With A Solution...

You have invested so much in your career which makes the thought of losing it so scary, and the prospect of hurting a patient even worse.

The Problem? Substance Abuse, drugs and alcohol, psychological or other related problems are threatening your practice or that of a colleague.

What Should You Do?

The PA Pharmacy Peer Assistance Program recently celebrated our 32nd year anniversary. It is such an honor to assist and lead such a wonderful group of men and women into recovery. Alcohol and other drug problems among licensed health care professionals affect not only the individuals, their colleagues and coworkers, their professions, and their families, but most importantly they also affect the public at large who have entrusted you to care for them. Your patients count on you every day to make critical decisions about their lives.

The [S.A.R.P.H. Peer Assistance Program](#) is here to assist any pharmacist or pharmacy student who may be experiencing a drug or alcohol problem or a mental health condition. S.A.R.P.H. is an opportunity for individuals to face challenges in their lives head-on and come out even stronger in the end. It is a chance for rehabilitation from a devastating disease. You as a pharmacist have an opportunity to reclaim a life and a career you have worked so hard to build.

We believe that addiction is a progressive, potentially fatal disease that can be successfully treated. **Addiction is an equal opportunity destroyer.** Substance abuse does not care how much or how little you earn, the color of your skin, your sex, your ethnicity or the title behind your name. It is estimated that Substance Abuse Disorders occur in 18 - 25% of all pharmacists and pharmacy students.

S.A.R.P.H. is a nationally recognized symbol of quality peer assistance and commitment to providing high-quality assistance to pharmacists in Pennsylvania. We are a drug-free advocacy program whose clients demonstrate a 95% recovery rate and a 3% recidivism rate. We could not achieve this high degree of success without the support of the Pennsylvania Board of Pharmacy, the Pennsylvania Pharmacists Association and the seven Pennsylvania Schools of Pharmacy.

Mandatory Reporting: The Pennsylvania Pharmacy Practice Act requires mandatory reporting.

“Any hospital or health care facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his or her license or certificate shall make or cause to be made a report to the board: Provided, That any person or facility who acts in a treatment capacity to an impaired pharmacist in an approved treatment program is exempt from the mandatory reporting requirements of the subsection. Any person or facility who reports pursuant to subsections (d.3) through (d.8) in good faith and without malice shall be immune from any civil or criminal liability arising from such report.”

We have accomplished so much since S.A.R.P.H. started in 1984, but there is still so much to do. We look forward as a non-profit company to continue contributing and making great strides in this brutal battle against addiction. The war goes on, and our hopes are high. **Thank you all for the support we receive in helping us on this remarkable journey.**

Kathie Simpson, Executive Director S.A.R.P.H.



This is to inform you of a Pennsylvania Prescription Drug Monitoring Program (PA PDMP) system change that will be taking place on June 24, 2016.

As per Act 191, control of the PA PDMP (formerly PENNScript) will be transferring from the Pennsylvania Office of the Attorney General to the Pennsylvania Department of Health. As part of this transition, access to the PA PDMP will be provided through the Appriss [PMP AWARxE](#) software. Data collection for PMP AWARxE is facilitated via [PMP Clearinghouse](#).

PLEASE MAKE NOTE OF THE FOLLOWING CHANGES TO SUBMISSION REQUIREMENTS:

- Beginning June 24, 2016, all prescription files must be submitted to PMP Clearinghouse in the ASAP 2011 version 4.2 format.
- All Schedule II-V dispensed prescriptions must be reported to the system within 72 hours of being dispensed.

We have been working in earnest to spread the word about this change, and your software vendor or corporate office may have already been notified several times. Nonetheless, if you have not been previously notified, we recommend contacting your pharmacy software vendor or corporate office immediately to ensure all necessary changes are complete prior to June 24, 2016. We recognize that this date is fast approaching, and we are here to do everything we can to help you with this transition.

The [Pennsylvania Data Submission Dispenser Guide](#) explains the process of how to register and transmit data to the [PMP Clearinghouse](#). The most up-to-date version of the guide can be found online at www.doh.pa.gov/PDMP. Registration to submit data is now open, and you must begin reporting to the new system as of **June 24, 2016**. Your request to submit to the new PA PDMP will remain in a pending status until June 24, 2016. Please refer to page 7 of the Data Submission Dispenser Guide for instructions regarding access to PMP Clearinghouse.

If you have any technical questions or concerns regarding how to make these changes, please contact Appriss support directly at 855-572-4767 (855-5PA-4PMP). Technical assistance is currently available Monday through Friday 8 a.m. to 8 p.m. EST.

Should you have any policy questions regarding the transition to the Pennsylvania Department of Health, please contact the Pennsylvania Prescription Drug Monitoring Program (PDMP) Office at 844-377-7367 (844-377-PDMP) from Monday through Friday 9 a.m. to 5 p.m. EST or by emailing at RA-DH-PDMP@pa.gov.