

# NEW HAMPSHIRE BOARD OF PHARMACY RULES REVIEW

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Administrator/Chief of Compliance  
New Hampshire Board of Pharmacy

# Nothing to declare...

- Ex-Pharmacy Manager- RiteAid Plymouth
- Advisory Council- Plymouth State University Nursing Program
- Plymouth School Board – Chairman
- Commissioner, New Hampshire Board of Pharmacy 2011-2017

# Online License Renewals - Pharmacists

## Sample Emailed Renewal Notice

John Sample  
1 Main St  
Concord NH 03301

Your current license is due to expire on December 31, 2017. You are required by New Hampshire Law RSA 318:5-a to renew your license before the expiration date. Please complete this process no later than 15 days before your expiration date.

You can now renew your license online by going to <http://nhlicenses.nh.gov>. You will need your last name, license number **PHCY-04367** and your registration code **88182178** to complete this process.

If you have any questions, please go to our website at [www.oplc.nh.gov/pharmacy](http://www.oplc.nh.gov/pharmacy) on the right hand side of the page, select Licensing, then choose your profession, or call 603-271-2350 between the hours of 8:00 a.m. and 3:30 p.m EST.

# Online License Renewals - Pharmacists

Select “Create an account for a Person”

The image is a screenshot of a web browser displaying the New Hampshire Online Licensing portal. At the top, there is a dark banner with the text "an official NEW HAMPSHIRE government website" on the right and "New Hampshire Online Licensing" in the center. To the left of the banner is a large, faint seal of the State of New Hampshire. Below the banner, the date "Thursday, November 16, 2017" is displayed. The main content area has a white background with the heading "Welcome to New Hampshire's Online License Application/Renewal Service". A red-bordered box highlights the text "All new users are required to register." Below this box is a bulleted list of three options: "Look up a License", "Create an account for a Person" (which is highlighted in yellow), and "Create an account for a Business". At the bottom of the page, there is a line of text: "If you have already registered and have a user id and password on this system, you can [log in here](#)."

# Online License Renewals - Pharmacists



NEW HAMPSHIRE  
Online Licensing

## Menu

Login Page

## Create an Account Step 1: Search for Existing Personal/Professional Records

Read all instructions before beginning the registration process. Click here for [detailed instructions](#).

- **If you are creating an account for a business click here to continue.**

In order to use this site you must create a user name and password that is associated with your New Hampshire license record.

You must complete the search process to create a user name and password even if you do not have an existing license in New Hampshire.

- **If you have a New Hampshire license:**

Enter your license number, last name and registration code in the fields below. Enter the license number as it is printed on the renewal notice. You can verify your license number here: <https://nhlicenses.nh.gov/verification/>

Your registration code was provided to you by the licensing agency on your renewal notice. Contact your licensing agency if you do not have a registration code. When you click the search button the system will retrieve your current record.

- **If you do not have a license in New Hampshire:**

Enter your last name together with a zero in the License number field and a zero in the registration code field.

- **If you are creating an account for a business:**

You are not on the correct page. Click here to continue.

Click the Search button to continue.

Last Name:	<input type="text" value="Sample"/>
License Number:	<input type="text" value="PHCY-04367"/>
Registration Code:	<input type="text" value="88182178"/> <input type="button" value="x"/>

# Online License Renewals - Pharmacists

## Menu

Login Page

### Step 2: Create your User ID and Password

Read all instructions before continuing.

• If you see your personal information in the boxes below:

Enter user id and password information in the User ID section below. Write down your user id, password and password question and answer and keep it in a safe place.

• If the boxes below are blank AND you have New Hampshire license in this system:

Go back and do the search process again. If this is your second time searching and the boxes are blank contact your licensing board for your license number and registration code.

• If the name in the Name section is not your name:

Go back and do the search process again. If this is your second time searching and a name shows that is not your name contact your licensing board for your license number and registration code.

• If you see a user id in the User ID section below:

You already have an account on the system. You can enter a new password, question and answer below.

All fields with an asterisk "\*" are REQUIRED fields.

#### Name

Name Prefix:	<input type="text"/>	Birth Date:	<input type="text" value="1/1/1990"/>
First Name:	<input type="text" value="John"/>	SSN:	<input type="text"/>
Middle Name:	<input type="text"/>	Gender:	<input type="text" value="Male"/>
Last Name:	<input type="text" value="Sample"/>	personCitStatus:	<input type="text" value="Select"/>
Name Suffix:	<input type="text"/>		

#### Address

Country:	<input type="text" value="United States"/>	Phone:	<input type="text" value="8035551212"/>
Line 1:	<input type="text" value="1 Main St"/>	Fax:	<input type="text"/>
Line 2:	<input type="text"/>	*Email:	<input type="text" value="jsample@email.com"/>
City:	<input type="text" value="Concord"/>		
State:	<input type="text" value="NH"/>		
ZipCode:	<input type="text" value="03301"/>		

#### User Account

User ID*	<input type="text"/>	Confirm Password*	<input type="text"/>
Password*	<input type="text"/>	Password Answer:	<input type="text"/>
Password Question:	<input type="text"/>		

User ID is limited to 25 characters

Passwords must be a minimum of 8 characters and must contain ALL of the following :

- 1 uppercase letter,
- 1 lowercase letter,
- 1 number,
- and 1 of these special characters: @, &, %, !

ex. Mother's maiden name?

ex. Smith

Register

# Online License Renewals - Pharmacists



## NEW HAMPSHIRE Online Licensing

### Menu

Login Page

### Registration Success

You have successfully registered!  
Please [login](#)....

# Online License Renewals - Pharmacists



## NEW HAMPSHIRE Online Licensing

### Menu

Register a Person

Register a Business

## Welcome to MyLicense e-Government

If you have not logged into this site since May 1, 2016 you must create a new account by choosing either Register a Person or Register a Business.

The information needed to create an account is on the renewal notice you received. Instructions for new applicants are on the Registration page.

If you have specific questions regarding your license contact your licensing agency. If you have issues with this web site use the Contact Us link below.

User Id:

Password:

Login

[Click here to reset your password.](#)

# Online License Renewals - Pharmacists



## NEW HAMPSHIRE Online Licensing

### Menu

Initial Application

**Renew License**

Demographics Update

License Address Change

License Update

Adverse Event Reporting

Logout

### Licensing Home Page

All licenses or permits/certifications currently held or being applied for are listed below.

**To renew a license, click the Renew License menu item.**

To apply for a new Nursing, Nursing Assistant, Architect, Engineer, Geologist or Land Surveyor license click the **Initial Application** menu item.

If you started an initial application and are returning to complete it click the Continue link in the green bar above the license information.

#### Name

Name: John Sample

Address: 1 Main St  
Concord, NH 03301

#### Licenses

##### Pharmacist

##### Documents

##### View Checklist

Profession:	Pharmacy	License Number:	PHCY-04367	License Status:	Active
Secondary Type:		Issue Date:	11/16/2017	Expiration Date:	12/31/2017

# Online License Renewals - Pharmacists

## Menu

License Home Page

Logout

## Application for License Renewal

---

**Select the Continue link in the green bar.**

If you have more than one license available to renew complete the process for each license. You can only renew one license at a time.

If there is no Continue link. [Read this document.](#)

### Renewable Licenses

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#### Pharmacist

**[Continue](#)**

Profession:	Pharmacy	License Number:	PHCY-04367	License Status:	Active
Issued:	11/16/2017	Expiration Date:	12/31/2017	Renewed To:	

---

# Online License Renewals - Pharmacists

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- LICENSE ADDRESS
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## License Renewal Application

Choose the first unchecked item from the side menu to start the renewal process.

Pharmacist License Without Immunization Endorsement - License Renewal Fee: **\$125**

Pharmacist License With Immunization Endorsement - License Renewal Fee: **\$135**

*(Your Current NH Pharmacist License Must Have This Endorsement - It Cannot Be Added As Part of This Renewal)*

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Please acknowledge your Immunization Endorsement by clicking on the Continue button.

## Attribute Licenses currently held

Current attribute licenses

Attribute

No items found.



Continue

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[License Home Page](#)

[Logout](#)

## Residence Address

The address below is your Residence Address. **Make any changes necessary and click the Submit button to continue.**

Licensee:

Street:

City:

State:

Zip Code:

Country:

Email

Phone Number

# Online License Renewals - Pharmacists

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## Mailing Address

The address below is your Mailing Address. **Make any changes necessary and click the Submit button to continue.**

Street Address:

City:

State:

Zipcode:

Country:

Phone:Cell Phone:

Fax:

# Online License Renewals - Pharmacists

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[License Home Page](#)

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## Employment Information

Please add your pharmacy employment below. If you have multiple jobs as a pharmacist please list all.

No employment records

Add

Submit

# Online License Renewals - Pharmacists

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## Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the **search button**.

If a search does not locate an employer, you can broaden your search by using the asterisk "\*" either before or after a word or words to bring up more results.

**NOTE:** All fields are required for searching.

To cancel this step [click here](#)

Employer Name:   
City:   
State:

## Search Results

Click on the employer name in the search results to select your employer.

# Online License Renewals - Pharmacists

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## Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the **search** button.

If a search does not locate an employer, you can broaden your search by using the asterisk "\*" either before or after a word or words to bring up more results.

**NOTE:** All fields are required for searching.

To cancel this step [click here](#)

Employer Name:

City:

State:

Search

Add New Employer

## Search Results

Click on the employer name in the search results to select your employer.

### Employer search results

Full Name	Line 1	Line 2	City	State	Zipcode
<a href="#">CVS PHARMACY #00694</a>	46 N MAIN ST		CONCORD	NH	03301
<a href="#">CVS PHARMACY #16582</a>	80 D'AMANTE DR		CONCORD	NH	03301
<a href="#">CVS PHARMACY #00841</a>	4 HALL ST		CONCORD	NH	03301
<a href="#">CVS PHARMACY #07122</a>	157 LOUDON RD		CONCORD	NH	03301
<a href="#">CVS OF CONCORD NH LLC</a>	44 52 N MAIN ST		CONCORD	NH	03301
<a href="#">CFHC</a>	SO MAIN ST		Concord	NH	03301
<a href="#">CVS Minute Clinic</a>	2 Hall Street		Concord	NH	03301

# Online License Renewals - Pharmacists

If still employed at this pharmacy, leave end date blank.

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## Employment Information

**You must begin by searching for your employer.**

Select the **Search** link next to the Employer field to search for your employer's name. (You will eventually be redirected to this page to enter the remaining fields).

Employer:  [Search](#)

**Complete the following fields only once your employer name appears in the box above.**

After you have provided the following information, click the Save button to add the employer to your record.

Note: the start and end dates should be entered in the format mm/dd/yyyy. Alternatively, click on the Calendar link to the right of the field which will open a calendar window. Select a date then click the Close button.

Position:

Start:

[Calendar](#)

End:

[Calendar](#)

Part-Time:  ▼

# Online License Renewals - Pharmacists

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## Employment Information

Please add your pharmacy employment below. **If you have multiple jobs as a pharmacist please list all.**

### Staff Pharmacist

[Delete](#)

[Edit](#)

Employer: CVS PHARMACY #00694

Start: 10/1/2014

End:

Part Time:

[Add](#)

[Submit](#)

# Online License Renewals - Pharmacists

Be sure to enter home-study (put under CE Hours section) & live hours separately.

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## Continuing Education Hours

The CE hours completed during calendar year 2017 for your 2018 renewal should be entered below.

To mark this step complete press the complete button.

Please ensure to include the following:

- Total hours of ACPE, AMA Category I CME or State Pharmacy Board Approved continuing pharmacy education. Note: You will need a TOTAL of 15 hours for your renewal. 5 of these need to be Live.

**CE Category:** **CE Hours** [Edit](#)

Credit Hours: 0.00

**CE Category:** **Live Hours** [Edit](#)

Credit Hours: 0.00

Add

Submit

# Online License Renewals - Pharmacists

Record non-live (home-study-correspondence) CE's here:

Menu	
<input checked="" type="checkbox"/>	ATTRIBUTES
<input checked="" type="checkbox"/>	DEMOGRAPHICS
<input checked="" type="checkbox"/>	LICENSE ADDRESS
<input checked="" type="checkbox"/>	EMPLOYMENT
<input type="checkbox"/>	CE CREDITS
<input type="checkbox"/>	QUESTIONS
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
<a href="#">License Home Page</a>	
<a href="#">Logout</a>	

Update Continuing Education Hours	
Instructions	
CE Category:	CE Hours
Credit Hours:	<input type="text" value="10.0"/> x
<input type="button" value="Save"/>	

# Online License Renewals - Pharmacists

Now select Edit under the Live Hours Section to record your “live CE hours” earned in 2017:

Menu	
<input checked="" type="checkbox"/>	ATTRIBUTES
<input checked="" type="checkbox"/>	DEMOGRAPHICS
<input checked="" type="checkbox"/>	LICENSE ADDRESS
<input checked="" type="checkbox"/>	EMPLOYMENT
<input type="checkbox"/>	CE Credits
<input type="checkbox"/>	QUESTIONS
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
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Continuing Education Hours	
The CE hours completed during calendar year 2017 for your 2018 renewal should be entered below.	
To mark this step complete press the complete button.	
Please ensure to include the following:	
- <u>Total hours</u> of ACPE, AMA Category I CME or State Pharmacy Board Approved continuing pharmacy education. Note: You will need a TOTAL of 15 hours for your renewal. 5 of these need to be Live.	
<b>CE Category:</b>	<b>CE Hours</b> <u>Edit</u>
Credit Hours:	10.00
<b>CE Category:</b>	<b>Live Hours</b> <u>Edit</u>
Credit Hours:	0.00
<input type="button" value="Add"/> <input type="button" value="Submit"/>	

# Online License Renewals - Pharmacists

Enter “live CE hours” earned in 2017, then click Save:

Menu	
<input checked="" type="checkbox"/>	ATTRIBUTES
<input checked="" type="checkbox"/>	DEMOGRAPHICS
<input checked="" type="checkbox"/>	LICENSE ADDRESS
<input checked="" type="checkbox"/>	EMPLOYMENT
<input type="checkbox"/>	CE CREDITS
<input type="checkbox"/>	QUESTIONS
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
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Logout	

## Update Continuing Education Hours

Instructions

CE Category: Live Hours

Credit Hours:

# Online License Renewals - Pharmacists

Verify both non-live and live hours are showing correctly, then click Submit:

Menu	
<input checked="" type="checkbox"/>	ATTRIBUTES
<input checked="" type="checkbox"/>	DEMOGRAPHICS
<input checked="" type="checkbox"/>	LICENSE ADDRESS
<input checked="" type="checkbox"/>	EMPLOYMENT
<input type="checkbox"/>	CE Credits
<input type="checkbox"/>	QUESTIONS
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
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### Continuing Education Hours

The CE hours completed during calendar year 2017 for your 2018 renewal should be entered below.

To mark this step complete press the complete button.

Please ensure to include the following:

- Total hours of ACPE, AMA Category I CME or State Pharmacy Board Approved continuing pharmacy education. Note: You will need a TOTAL of 15 hours for your renewal. 5 of these need to be Live.

CE Category:	CE Hours	<a href="#">Edit</a>
Credit Hours:	10.00	

CE Category:	Live Hours	<a href="#">Edit</a>
Credit Hours:	5.00	

# Online License Renewals - Pharmacists

Answer questions then hit submit.

Menu	
<input checked="" type="checkbox"/>	ATTRIBUTES
<input checked="" type="checkbox"/>	DEMOGRAPHICS
<input checked="" type="checkbox"/>	LICENSE ADDRESS
<input checked="" type="checkbox"/>	EMPLOYMENT
<input checked="" type="checkbox"/>	CE CREDITS
<input type="checkbox"/>	Questions
<input type="checkbox"/>	ATTACH DOCUMENTS
<input type="checkbox"/>	FINISH
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Logout	

Renewal Questions	
Answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the <b>submit button</b> when you have answered the question(s).	
Question	Answer
Please list the states that you currently or have ever held a pharmacist license.	<input type="text"/>
Are you registered with the New Hampshire Prescription Drug Monitoring Program as required by RSA 318 B:33, II and Ph 1503.01a?	Please Choose <input type="button" value="v"/>
Are you currently authorized to Administer vaccines in NH?	Please Choose <input type="button" value="v"/>
Do you have CPR that includes Hands On Experience?	Please Choose <input type="button" value="v"/>
Do you have current \$1,000,000 Liability Insurance?	Please Choose <input type="button" value="v"/>
<b>Since your last renewal have you; voluntarily surrendered your pharmacist license for any disciplinary issues by any state, board of pharmacy, or licensing agency? If yes, attach an explanation &amp; official documentation from that state, board of pharmacy, or licensing agency.</b>	Please Choose <input type="button" value="v"/>
<b>Since your last renewal; has your pharmacist license been revoked, suspended, restricted, or been subject to disciplinary action by any state, board of pharmacy or licensing authority? If yes, attach an explanation and official documentation from the other state, board of pharmacy or licensing authority.</b>	Please Choose <input type="button" value="v"/>
<b>Since your last renewal have you; been charged, convicted (including a no-contest or guilty plea) of a felony or misdemeanor (other than minor traffic offenses)? If yes, attach explanation and official court documentation.</b>	Please Choose <input type="button" value="v"/>
Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the Federal Food and Drug Administration, the Federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state/federal pharmacy, alcohol, or drug laws? If yes, attach explanation and official documentation relating to this matter.	Please Choose <input type="button" value="v"/>
If you are not currently employed as a pharmacist in New Hampshire, please specify a reason from one of the following: a. Retired, b. Unemployed, or c. Employed in Different State / Field?	<input type="text"/>

**Attestation**

I affirm that the answers and statements made on this renewal application are true and correct to the best of my knowledge and belief. I also understand that pursuant to RSA 318:26-a, the Board must be notified within 15-days of any changes in the information contained on this form. Failure to notify the Board could result in disciplinary sanctions.

# Online License Renewals - Pharmacists

If you have disciplinary documents to upload or updated CPR or Professional Liability Insurance – upload the documents here.

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## Document Upload

Attachments list

Document Name	Download	View	Delete	Type
<input type="text" value="Browse..."/>	<input type="button" value="Upload Document"/>			

*Don't forget to select the document type in the dropdown list next to the document name after uploading.*

If you do not have the ability to upload documents, email them to [Traci.Weber@nh.gov](mailto:Traci.Weber@nh.gov).

At this time the document size must be limited to 120K or less and must be either a Word Document or a PDF only. If you receive an error, you may need to send in your documents by email.

**If you do not have documents to upload click the Submit button**

If you are unable to upload documents, email them to [Traci.Weber@nh.gov](mailto:Traci.Weber@nh.gov)

# Online License Renewals - Pharmacists

After uploading, select the type of document from drop-down list, then hit submit.

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## Document Upload

Attachments list

Document Name	Download	View	Delete	Type
Sample Document.docx	<a href="#">Download</a>	<a href="#">View</a>	<a href="#">Delete</a>	<a href="#">Letter of Explanation</a> ▼

*Don't forget to select the document type in the dropdown list next to the document name after uploading.*

If you do not have the ability to upload documents, email them to [Traci.Weber@nh.gov](mailto:Traci.Weber@nh.gov).

At this time the document size must be limited to 120K or less and must be either a Word Document or a PDF only. If you receive an error, you may need to send in your documents by email.

If you do not have documents to upload click the Submit button

If you are unable to upload documents, email them to [Traci.Weber@nh.gov](mailto:Traci.Weber@nh.gov)

# Online License Renewals - Pharmacists

You will then be able to review your answers & print out a copy for your records before pressing the “Pay Fees” button.

Menu	License Renewal Summary	
<input checked="" type="checkbox"/> ATTRIBUTES	A summary of your renewal information is below. Click the <b>Pay Fees</b> button to pay all fees and submit your application.	
<input checked="" type="checkbox"/> DEMOGRAPHICS	<a href="#">Licenses</a>	
<input checked="" type="checkbox"/> LICENSE ADDRESS	<b>Pharmacist</b>	
<input checked="" type="checkbox"/> EMPLOYMENT	Profession: Pharmacy	License Number: PHCY-04367 License Status: Active
<input checked="" type="checkbox"/> CE CREDITS	Issued: 11/16/2017	Expiration Date: 12/31/2017 Renewed To:
<input checked="" type="checkbox"/> QUESTIONS	<a href="#">Address Changes</a>	
<input checked="" type="checkbox"/> ATTACH DOCUMENTS	Name: John Sample	
<input type="checkbox"/> Finish	<b>Licensee Address:</b>	
License Home Page	1 Main St Concord, NH 03301 jsample@email.com 6035551212	
Logout	<b>License Address:</b>	
	1 Main St Concord, NH 03301 jsample@email.com 6035551212	
	<a href="#">Question Responses</a>	
	Question	Answer
	Please list the states that you currently or have ever held a pharmacist license.	NH, VT, ME
	Are you registered with the New Hampshire Prescription Drug Monitoring Program as required by RSA 318 B:33, II and Ph 1503.01a?	Y
	Are you currently authorized to Administer vaccines in NH?	N
	Do you have CPR that includes Hands On Experience?	N
	Do you have current \$1,000,000 Liability Insurance?	N
	Since your last renewal have you; voluntarily surrendered your pharmacist license for any disciplinary issues by any state, board of pharmacy, or licensing agency? If yes, attach an	N

# Online License Renewals - Pharmacists

Note that the mandatory fees are now broken up by type (\$15 fee required by RSA 318:29-a & if applicable – the \$10 Immunizing Pharmacist fee).

## Pay License Fees

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To pay your license fees click the **PAY FEES** button below. You will be taken to the site where you will enter your credit card information.

Once submitted, you have sent your application and payment to the Agency for processing. A confirmation page will display that will serve as your receipt. Print this receipt page for your records.

To go back to the Licensing Home page click the **Home** button below.

## Application Fees

---

### Fees

License Number	License Type	Description	Fee Amount
PHCY-04367		Impaired Pharmacist Program	\$15.00
PHCY-04367		Renewal Fee	\$110.00

## Fee Totals

---

Fee Amount: \$125.00  
Total Amount: \$125.00

[Pay Fees](#)

[Home](#)

# Online License Renewals - Pharmacists

You will then be taken to the secure site for entering your credit card info. You should received your emailed license with 2 weeks of submission to the Board.

**DEV 2 NH SA Online Licensing**

---

**Review Your Order**

Total Amount: USD **125.00**

[Return to DEV 2 NH SA Online Licensing](#)

**Pay With Your Credit Card**

Cardholder Name

Address

City  State/Province  ZIP/Postal Code

Country

Credit Card Number  Expiry Date (MMYY)



Security Code

CVV2 is the 3-digit security code on the back of the credit card (VISA and MasterCard). For American Express, it is 4-digits and located on the front.



Email

A confirmation email will be sent to this address.



- Rules currently in legislative process
- Rules in Review
- Pending rules issues

# JLCAR

Joint Legislative Committee  
on Administrative Rules

- Rules in legislative process
  - PDMP program changes Ph (Changes)
  - Collaborative practice- Ph 1100 (Changes)
  - Advanced Practice Technicians- Ph1800 (New)
  - Quality Assurance Ph (New)
  - Central Fill Processing (expired)

## Rules changes

- | Ph300

- | Ph400

- | Ph700

- | Ph 800

- | ph1300

# Pending Issues;

- Inspection rules
- Violation notices
- CVS rules request
- RSA318B:42
- On-line 106 forms

# PDMP Program Changes

- | Clean up of minor issues in rules language
- | Clarifies requirements of prescribers and dispensers
- | All program information to the extent that it is medical information will be treated and protected as like all protected health information.
- | The program information may be placed in the patient medical record.

# Collaborative Practice

- Approved final review JLCAR  
11/16/17
- Final Board approval 12/11/17

# PH 1100 Collaborative Pharmacy Practice

Ph 1101.02 Scope. These rules shall regulate collaborative pharmacy practice only in the following institutions where the practice is permitted pursuant to RSA 318:16-a, III(a) – (d), namely:

~~(a) Hospitals;~~

~~(b) Long-term care facilities;~~

~~(c) Licensed inpatient or outpatient hospice settings; and~~

~~(d) Ambulatory care clinics with onsite supervision by the attending practitioner and with a collaborating pharmacist who has no connection to any onsite retail pharmacy.~~

There will be no practice site restrictions with updated rules

### 318:16-a Standards for Collaborative Pharmacy Practice. –

I. For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist shall:

(a) Hold an unrestricted and current license to practice as a pharmacist in New Hampshire.

(b) Have at least \$1,000,000 of professional liability insurance coverage.

~~(c) Have earned a Pharm.D. degree or completed 3 years of institutional clinical experience as a licensed pharmacist.~~

~~(d) Complete at least 5 contact hours or 0.5 continuing education units of board-approved continuing education each year. Such continuing education shall address the area or areas of practice generally related to the collaborative pharmacy practice agreement or agreements. The continuing education hours may be applied to the requirements for licensure as a pharmacist in this state.~~

(e) In order to administer drugs by injection, have completed training that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health department programs or programs recognized by the board.

# Advanced Practice Technicians

(a) “Registered advanced pharmacy practice technician” means a person employed by a pharmacy who can assist in performing, under the supervision of a licensed pharmacist, manipulative, nondiscretionary functions associated with the practice of pharmacy and other such duties including product verification of a prescription *refill in which no changes have occurred* as well as verification of automation machine refilling or repackaging unit -dose.

# Quality Assurance

## HB 469

- | Establishing a continuous quality improvement program for pharmacies

Ph 1701.01 Purpose. The purpose of this chapter is to implement and regulate continuous quality improvement programs. The purpose of these programs shall be to assess errors that occur in the pharmacy in dispensing or furnishing prescription medications so that the pharmacy shall take appropriate action to prevent a recurrence. The purpose of the program is non-punitive and seeks to identify weaknesses in workflow and make appropriate corrections to improve.

Ph 1704.01 Each pharmacy's continuous quality improvement program shall meet the following minimum requirements:

Meet at least once each quarter each calendar year;

Have the pharmacy's pharmacist in charge in attendance at each meeting; and

Perform the following during each meeting:

- | Review all incident reports generated for each reportable event associated with that pharmacy since the last quarterly meeting;
- | For each incident report reviewed establish the steps taken or to be taken to prevent a recurrence of the incident; and
- | Create a report of the meeting including at least the following information:
  - ú A list of persons in attendance;
  - ú A list of the incident reports reviewed; and
  - ú A description of the steps taken or to be taken to prevent recurrence of each incident reviewed.

Quarterly reports available on Board inspection

- Quality Assurance statute approved and is in effect now.
- Board will not enforce requirements until rules approved this winter, early spring

# Ph1200 Central fill pharmacy

Ph 1202.01 “Central fill pharmacy” means a licensed pharmacy, in this or any other state, district or commonwealth of the United States, engaging in central prescription handling by filling, refilling, or both, prescriptions including the preparation, packaging, and labeling of the medication.

Ph 1202.02 “Central prescription processing” means “central prescription processing” as defined in RSA 318: 1, XXIII, namely, “the processing by a pharmacy of a request from another pharmacy to fill or refill a prescription drug order or to perform processing functions, such as dispensing, drug utilization review, claims adjudication, refill authorizations, and therapeutic interventions.”

Ph 1202.03 “Central processing pharmacy” means a licensed pharmacy, in this or any other state, district or commonwealth of the United States, that engages in prescription review by performing functions that include but is not limited to:

- (a) Data entry;
- (b) Prospective drug review;
- (c) Refill authorizations;
- (d) Interventions;
- (e) Patient counseling;
- (f) Claims submission;
- (g) Claims resolution; and
- (h) Adjudication.

· So.....what do you think a marriage of central fill processing and advanced practice technicians is going to do?

· We will get to that.....

# Ph 300

## CHAPTER Ph 300 LICENSING OF PHARMACISTS AND PHARMACIES

- | PART Ph 306 PHARMACY PERMITS - CHANGES IN SUPPORTING DATA
  - ú Ph 306.02 Reporting Changes

The chapter will be split, ph300 will be for pharmacists.

Ph1900 will be new section of rules dealing with pharmacies.

# Ph 400

## PART Ph 401 RENEWAL AND REPLACEMENT LICENSES

- | Now on line registrations

## PART Ph 402 DISCIPLINARY MATTERS

- | Updated violation notices etc.

## PART Ph 403 CONTINUING EDUCATION REQUIREMENTS

- | Will require 2 credits in CQI once rules approved
- | Add law requirement?

# Proposed Ph700 changes

## CHAPTER Ph 700 STANDARDS OF PRACTICE

### PH 702.01 Area, Space and Fixtures

ú Designated area for vaccinations of adequate size and design to ensure patient confidentiality.

### Ph 702.05 Limitations on Access.

(d) The pharmacy permit shall be issued to the pharmacy in the name of the pharmacist-in-charge, who along with the permit holder shall have sole control and responsibility for the operation of the pharmacy in accordance with all laws and rules pertaining to the practice of pharmacy in this state and always in the best interest of public health and safety.

# Proposed ph700 changes

## Ph 704.04 Transfer of Prescriptions.

(1) New or on hold prescription orders for ELECTRONIC PRESCRIPTIONS FOR CONTROLLED SUBSTANCES (EPCS) may transfer an original unfilled prescription from hold.

## Ph 704.08 Prescription Pick-up and Delivery

(1) All schedule medications dropped off shall present picture identification and noted on hard copy of prescription.

(2) All schedule II medications picked shall present picture identification to pharmacist. Verification shall be noted in readily retrievable fashion or noted on hard copy prescription.

(3) Mail order pharmacies dispensing new schedule II medications to the patient shall have a “face-to-face” counseling or electronic equivalent and documentation readily retrievable on request by Board.

(a) Patients receiving greater than 100 morphine equivalent dose shall be counseled on availability and use of naloxone.

# Proposed ph700 changes

## Ph 704.10 Out-of-State Prescriptions.

Prescriptions written by physicians for non-controlled substances in a state other than New Hampshire may be dispensed to a patient only when the traditional physician-pharmacist patient relationship exists.

Physicians Prescriptions for controlled substances in Schedule III-IV may be filled for no more than a 34 day supply.

Physicians Prescriptions for controlled substances in Schedule II may be filled if originating from Maine, Massachusetts or Vermont for no more than a 34 day supply.

# Proposed Ph 700 changes

## Ph 706.03 Patient Counseling.

- | Removing mandatory counseling requirement?
- | Addition of counseling on opioids?
- | Mail order pharmacy increased requirements?
- | ????? Lots of discussion, need pharmacist involvement!!!!

## g. Proper storage;

- ú (1) Risks of keeping used medications and options for disposing of unused medications.

(i) A pharmacist shall make a reasonable attempt to verify all Control Drug Medication information with the Prescription Drug Monitoring Program.

- ú (1) Pharmacy shall develop and have readily retrievable a policy for verification with Prescription Drug Monitoring Program.

## 703.04

# Controlled Drug Losses

- a. The pharmacist-in-charge or pharmacist on duty shall report to the board in writing, any theft or significant loss of controlled substances within one business day. The pharmacist-in-charge shall complete a New Hampshire Drug Loss Form (**revised 5/2015**) or DEA 106 Form and mail or fax to the board as soon as the investigation into the loss is complete or within 30 days of the discovery of the loss.
- b. All instances of diversion shall be reported.

(c) A pharmacy shall keep a perpetual inventory for all Schedule II drugs and actual counts shall be **verified monthly**. The inventory reports shall be maintained for a minimum of 2 years.

- (d) A pharmacy shall consider a controlled drug loss to be significant when:
1. The percentage of dosage units of a specific drug exceeds 2% of monthly dispensing volume;  
or
  2. Fifteen or more dosage units are not accounted for.

# Ph800 Pharmacy Technicians

(a) “Registered pharmacy technician” means a person employed by a pharmacy who can assist in performing, under the supervision of a licensed pharmacist, manipulative, nondiscretionary functions associated with the practice of pharmacy and other such duties and subject to such restrictions as the board has specified; and

(b) “Certified pharmacy technician” means a registered pharmacy technician who has become and who maintains national certification by taking and passing an exam recognized by the board for the purpose of certifying technicians.

(c) “New Hampshire certified pharmacy technician” means a certified pharmacy technician that has completed additional requirements and registered with the Board.

## Registered Pharmacy technician:

- | All personnel working within the pharmacy are to be licensed as “registered pharmacy technicians”
  - ú Cashiers
  - ú Delivery personnel (*NOT Required if specific*)
  - ú Billing/data entry
- + ~~Registered Pharmacy technicians with duties that include data entry of prescriptions without direct supervision~~
  - ú ~~Need to take and update annually of board approved competencies in data entry~~

(6) A technician in a training program to achieve certification must complete the program and attain certification status within one year of entry into program.

(d)-~~(e) registered~~ A pharmacy technician applying for registration as a ~~registered~~ certified pharmacy technician shall meet the following additional requirements:

(1) ~~A registered pharmacy technician shall become eligible~~ To attain New Hampshire certified pharmacy technician status after a minimum of ~~600~~ 80 hours of ~~training~~ observation under the direction of a pharmacist ~~or certified pharmacy technician~~ and by passing a nationally recognized certification exam recognized by the board; and

(2) A ~~registered~~ New Hampshire certified pharmacy technician with duties involving sterile and non-sterile compounding, must complete a board approved training program ~~before applying for certified pharmacy technician status.~~ Participating in those duties.

(3) Shall obtain and maintain certification status from a board approved program.

Ph807.02 Registered Pharmacy Technician duties. Registered pharmacy technician's duties shall include:

The processing of refill request orders; *Non discretionary functions within the pharmacy concerning cashier, stocking, delivery, and other functions necessary for pharmacy operation under the supervision of a licensed pharmacist or certified pharmacy technician.*

The retrieval of prescription files, patient files and profiles and other such records pertaining to the practice of pharmacy *necessary for insurance purposes.*

~~The counting, weighing, measuring, pouring and reconstitution of prescription medication or stock legend drugs and controlled substances; and~~

~~The data entry of prescription orders without direct supervision providing they annually complete a board approved data entry module.~~

*(c) Perform stocking or replenishment of automated dispensing machine, other automated dispensing equipment or other stock locations. Products must be verified by a pharmacist or certified pharmacy technician. Bar-coding, radio frequency identification or another form of electronic verification is used at the time of stocking or replenishment, or a licensed health professional shall check the medication before administration.*

*(d) Registered Pharmacy Technician's in a training program may perform the duties of a certified pharmacy technician under the direct supervision of a pharmacist or certified pharmacy technician. Training program shall be readily retrievable upon board inspection.*

Ph807.03 Registered *New Hampshire* Certified Pharmacy Technicians duties. Registered certified pharmacy technicians duties shall include:

Accepting a new oral telephone order;

Accepting an oral refill authorization from a Provider;

Communicating a prescription transfer for a non-control medication to or from another pharmacy that does not maintain a common database;

Communicating orally or in writing, any medical, therapeutic, clinical, or drug information, or any information recorded on a patient profile that does not require professional judgment;

Performing the data entry of a prescription or medication order into the computer without supervision;

The task of reducing to writing a prescription left on a recording or message line.

~~Prescription order can only be deleted by pharmacist on duty.~~

may prepare or compound sterile and non-sterile compounds after completing board approved compound training

~~Stocking or replenishing of an automated dispensing machine or other stock location. A certified pharmacy technician may check the medications pulled by a pharmacy technician or certified pharmacy technician against the delivery report prior to the refill of the automated dispensing machine or other stock location. A licensed health professional shall check the medication before administering to the patient. The facility shall employ bar coding, rfid, or another form of electronic bedside verification. Verify stock replenishment medications against the stocking/replenishment system, report or label prior to the stocking/replenishment of the automated dispensing machine, other automated dispensing equipment, or other stock location providing that bar-coding, radio frequency identification or another form of electronic verification is used at the time of stocking/replenishment, or a licensed health professional checks the medication before administration to the patient.~~

# Pharmacist in Charge responsibilities-technicians

~~(4) (5) Shall have 80 hours of on the job training and be registered with the board within 15 days. Shall register with the board within 15 days, and verified by the pharmacist in charge within 30 days.~~

Completed 10 CEU's if New Hampshire Certified Technician

- | 2 CEU's in didactic setting

- | 2 CEU's on error prevention or patient safety

Completed sterile compounding requirements

- | 2 CEU's in sterile compounding

**4. STATEMENT FROM PHARMACIST-IN-CHARGE FOR APPLICANTS FOR NH CERTIFIED PHARMACY TECHNICIAN STATUS**

I, \_\_\_\_\_, pharmacist-in-charge for \_\_\_\_\_  
*Printed Name of Pharmacist-In-Charge* *Name & Address of Pharmacy*

\_\_\_\_\_ have verified and confirm to the Board that the Pharmacy Technician \_\_\_\_\_ employed at the above pharmacy has completed the required 600 hours of training under the direction of a pharmacist as required per Ph 803.01(e)(1) and if this pharmacy technician's duties include compounding of sterile or non-sterile prescription products that they have completed a Board approved training program on the safe compounding of medications.

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Pharmacist-In-Charge

# Ph1300 Vaccines

## SB 65

### AN ACT relative to vaccines administered by pharmacists.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 Vaccines Administered by Pharmacists; Vaccines Added. Amend RSA 318:16-b to read as follows:

318:16-b Pharmacist Administration of Vaccines. A pharmacist may administer influenza vaccines to the general public and a pharmacist may administer pneumococcal [~~and~~], varicella zoster, *hepatitis A, hepatitis B, Tdap, MMR, and meningococcal* vaccines to individuals 18 years of age or older, provided all of the criteria in this section have been met. The pharmacist shall:

I. Hold a current license to practice as a pharmacist in New Hampshire.

2 **Effective Date. This act shall take effect January 1, 2018.**

# Ph 1300 Vaccines

## SB150

Under this bill a pharmacy intern under the direct supervision of a pharmacist may administer immunizing vaccines.

- | Be registered intern with Board
- | Possess at least \$1,000,000 liability insurance
- | Completed appropriate training (ACPE)

May administer influenza, pneumococcal and varicella zoster vaccines

**Went into effect July 11<sup>th</sup>, 2017**



**"New laws, rules, regulations...sometimes I don't know what to think of all this paperwork!"**

# Inspection rules

- Currently no rules regarding the inspection process
- Board current responsibilities to inspect every place there are drugs in state.....
- Cited in Legislative Audit of 2008 and 2015 as an issue.
  - | Board inspections do not hold permit holders accountable to rules
  - | A need to develop a risk-based inspection process.
  - | Required to include PDMP program in inspection process

# Draft Inspection rules

Registrant and licensees shall permit the Board investigators, Board inspectors and Board Commissioners to enter and inspect the premises and audit the records and operations of each registrant or licensee for compliance with the statutes and rules enforced by or under the Boards jurisdiction.

Inspections shall be scheduled or unannounced in nature to the extent authorized by law, and upon presentation of appropriate identification.

**Rule on information upon request**

# DRAFT RULES

Inspections shall be for the following registrants licensee's as follows:

- | Retail pharmacies- annually or based on risk assessment
- | Institution pharmacies (hospitals, stand-alone emergency departments and long term care facilities) –annually
- | Compounding pharmacies –annually
- | Public Health and Methadone Clinics- annually
- | Practitioner/Clinic inspections – every 5 years
- | Veterinarians/veterinary clinics- every 3 years
- | Manufacturer/Wholesaler- every 3 years
- | Limited Retail Drug Distributor- every 3 years

- The following facilities possessing control substances shall be inspected every two years:
  - Practitioner/Clinics
  - Veterinarians/veterinary clinics
- Inspections with past issues or disciplinary actions will be conducted annually until compliance deems issues resolved or at request of Administrator/Chief of Compliance.

# Draft Risk Based Inspections

Pharmacy inspections shall be done based on level of risk as assigned by the Board.

## | Low risk inspections

- Retail pharmacies with no compliance issues for period of three years
- Low to medium prescription volume
- Pharmacist in charge competency and stability
- Inspections will occur bi-annually with off year self-inspection

## | Medium risk inspections.

1. Hospitals and other institutions
2. High volume pharmacies identified by compliance
3. Pharmacies with multiple minor violations or warnings
4. Non-Sterile compounding pharmacies
5. Inspections will occur annually with a 6 month self-inspection for Board review.

## | High risk inspections.

- Pharmacies involved in sterile compounding
- Pharmacies with major violations
- Inspections will occur twice a year with two inspectors

Compliance staff will review pharmacies annually to assess risk and make recommendations to the board.

All facilities shall have an addendum of current staff and licensure readily retrievable with the following information:

- | Staff name and license number
- | Pharmacist vaccination training information
- | Technician training information
- | Collaborative practice agreement and training information
- | Quality Assurance information

# Violation notices

- | A violation notice shall be given as a notification of non-compliance with Federal, State, or local laws.
- | Minor violations shall be subject to a fine per ph710.01 and 710.02.
  - ú Minor violation fines are the responsibility of the pharmacist in charge and the permit holder.
    - Minor Violations are kept on file in appropriate licensing data base of pharmacist in charge and permit holder.
  - ú Minor violation fines will be **administrative** in nature.
  - ú Minor violations shall be issued as a needs improvement, verbal warning, or violation with fine.
  - ú Fines shall be paid within 15 days or may request a hearing in front of the board.
  - ú Repeat minor violations will result in Board review with consideration for further disciplinary action.

## i Major violations

- ú The Pharmacist-in-charge and/or the pharmacist on duty at time of violation is responsible for completing violation notice within 15 days of issue.
- ú Violation notices shall be returned to the Board investigator/inspector in writing with corrected action noted.
- ú Violation notices shall be reviewed by the Board at next scheduled meeting for possible further disciplinary action.
- ú Subsequent or multiple violations may result in further action by the board
- ú Investigators/inspectors shall follow up written violation notices no later than 60 days after action noted.
- ú All violation notices shall be discussed by the board and may be acted upon for further disciplinary action.
- ú Major violations, after board review, shall be maintained in pharmacist and permit holders permanent file.

- | Violation notices for practitioners shall be forwarded to respective Boards
  - ú Violation notices of RSA 318(b) under pharmacy statutes may result in a fine by Board of Pharmacy
  - ú Follow up for violation notices shall be responsibility of Board of pharmacy.
- | Regulatory boards may make a request of pharmacy board investigators/inspectors for follow up on board actions.



HOW LONG  
DOES IT  
TAKE TO  
STICK A  
LABEL ON  
A BOX?

ONLY A FEW  
SECONDS. IT'S THE  
"MAKING SURE THE  
MEDICINE DOESN'T  
KILL YOU" THING  
THAT TAKES A BIT  
LONGER

**PHARMACY**

*Oh*

# CVS Rules Request

## PART Ph 207 RULEMAKING PETITIONS

### Ph 207.01 Rulemaking Petitions.

(a) A person may request the adoption, amendment, or repeal of a board rule by filing an original and 2 copies of a rulemaking petition with the board.

### Ph 207.03 Action on Rulemaking Petition.

(a) Within 30 days after the submission of a rulemaking petition, the board shall either grant or deny the petition and:

(1) Notify the petitioner in writing of a decision to deny the petition with reasons for the denial clearly stated; or

(2) Notify the petitioner in writing of a decision to grant the petition, and commence rulemaking proceedings by requesting a fiscal impact statement pursuant to RSA 541-A:5 within 120 days of receipt of the petition and continuing the proceeding in accordance with the applicable provisions of RSA 541-A:3.

(b) Any denial shall be based upon a finding by the board that:

(1) The petition for rule or amendment or repeal of an existing rule would not be consistent with established standards for the practice of pharmacy and the licensees of the board;

(2) The petition lacks rulemaking authority; or

(3) The petition is contrary to legislative intent.

# New on Horizon.....

- Pharmacist prescribing of contraceptives
- Telepharmacy
- Increased retail robotics
- Pharmacists mandate check of PDMP

# Top 10 Drugs – Schedule II

(06/01/2017- 11/30 /2017)

## Top Drugs by Brand Name

Date Period: 
 Dosage Units: 
 DEA Schedule: 
 AHFS Therapeutic Clas:

Brand Name	Generic Name	AHFS Therapeutic Class	Rx Count
OXYCODONE HCL	OXYCODONE HCL	OPIATE AGONISTS	85,977
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE BITARTRATE/ACETAMINOPHEN	OPIATE AGONISTS	65,201
DEXTRAMPHETAMINE-AMPHETAMINE	DEXTRAMPHETAMINE SULF-SACCHARATE/AMPHE	AMPHETAMINES	60,024
DEXTRAMPHETAMINE-AMPHET ER	DEXTRAMPHETAMINE SULF-SACCHARATE/AMPHE	AMPHETAMINES	46,717
OXYCODONE-ACETAMINOPHEN	OXYCODONE HCL/ACETAMINOPHEN	OPIATE AGONISTS	45,331
VYVANSE	LISDEXAMFETAMINE DIMESYLATE	AMPHETAMINES	30,432
METHYLPHENIDATE ER	METHYLPHENIDATE HCL	RESPIRATORY AND CNS STIMULANTS	27,567
METHYLPHENIDATE HCL	METHYLPHENIDATE HCL	RESPIRATORY AND CNS STIMULANTS	21,000
MORPHINE SULFATE ER	MORPHINE SULFATE	OPIATE AGONISTS	14,802
OXYCONTIN	OXYCODONE HCL	OPIATE AGONISTS	13,642

# Dispensations by Month

Date Period  
6/1/2017 12:00:00 AM to...

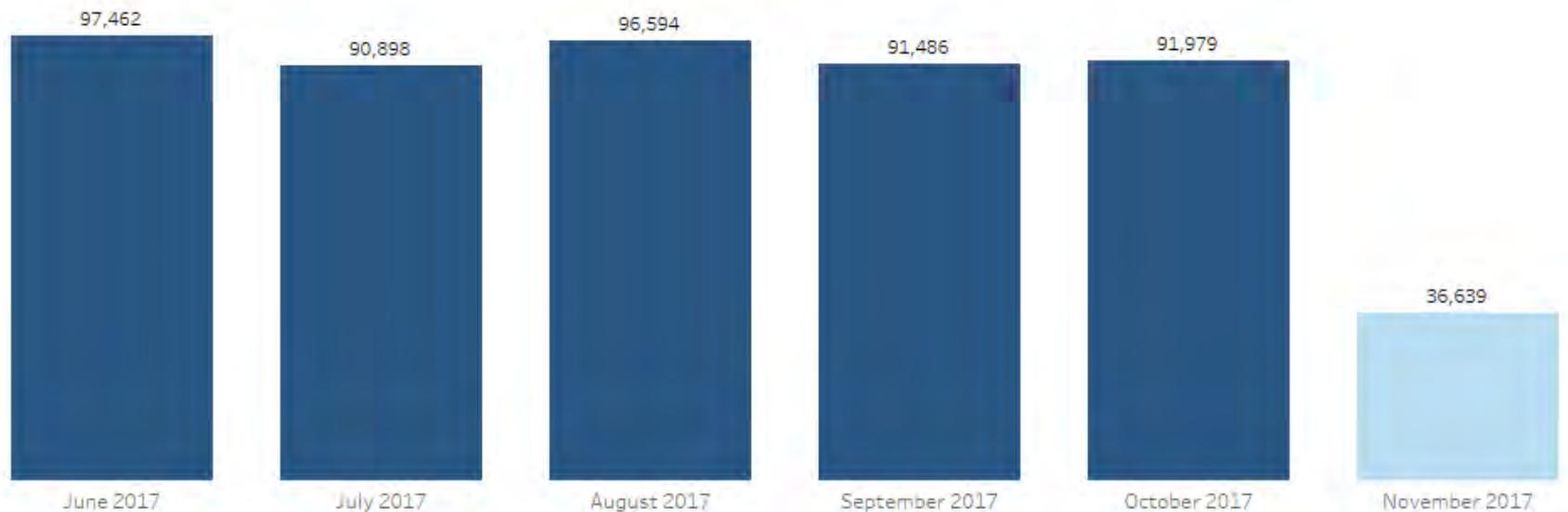
State  
All

DEA Schedule  
2

## Average Daily Dispensations Count



## Dispensations by Month



# Top 10 Drugs – Schedule III

(06/01/2017- 11/30 /2017)

## Top Drugs by Brand Name

Date Period: Last 6 months  
 Dosage Units: (All)  
 DEA Schedule: 3  
 AHFS Therapeutic Class: (All)

Brand Name	Generic Name	AHFS Therapeutic Class	Rx Count
SUBOXONE	BUPRENORPHINE HCL/NALOXONE HCL	OPIATE PARTIAL AGONISTS	41,690
BUPRENORPHINE HCL	BUPRENORPHINE HCL	OPIATE PARTIAL AGONISTS	18,294
BUPRENORPHINE-NALOXONE	BUPRENORPHINE HCL/NALOXONE HCL	OPIATE PARTIAL AGONISTS	13,962
ACETAMINOPHEN-CODEINE	ACETAMINOPHEN WITH CODEINE PHOSPHATE	OPIATE AGONISTS	11,258
TESTOSTERONE CYPIONATE	TESTOSTERONE CYPIONATE	ANDROGENS	8,586
ANDROGEL	TESTOSTERONE	ANDROGENS	3,384
TESTOSTERONE	TESTOSTERONE	ANDROGENS	2,374
	TESTOSTERONE MICRONIZED	ANDROGENS	5
BUTALBITAL-ASPIRIN-CAFFEINE	BUTALBITAL/ASPIRIN/CAFFEINE	SALICYLATES	1,361
TESTOSTERONE MICRONIZED	TESTOSTERONE MICRONIZED	ANDROGENS	1,138
BUTRANS	BUPRENORPHINE	OPIATE PARTIAL AGONISTS	1,095

# Dispensations by Month

Date Period  
6/1/2017 12:00:00 AM to...

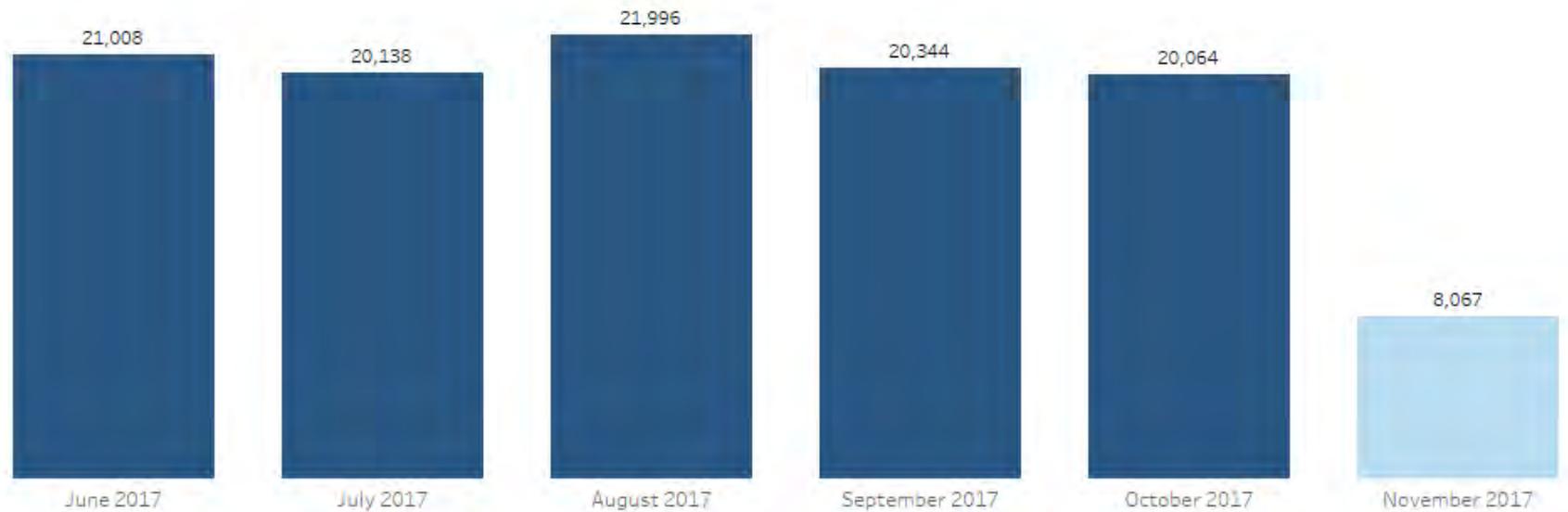
State  
All

DEA Schedule  
3

## Average Daily Dispensations Count



## Dispensations by Month



# Top 10 Drugs – Schedule IV

(06/01/2017- 11/30 /2017)

## Top Drugs by Brand Name

Date Period

Last 6 months

Dosage Units

(All)

DEA Schedule

4

AHFS Therapeutic Class

(All)

Brand Name	Generic Name	AHFS Therapeutic Class	Rx Count
LORAZEPAM	LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC,SEDAT IV/HYP)	111,662
CLONAZEPAM	CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	77,160
TRAMADOL HCL	TRAMADOL HCL	OPIATE AGONISTS	68,716
ALPRAZOLAM	ALPRAZOLAM	BENZODIAZEPINES (ANXIOLYTIC,SEDAT IV/HYP)	69,061
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE	ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	57,074
DIAZEPAM	DIAZEPAM	BENZODIAZEPINES (ANXIOLYTIC,SEDAT IV/HYP)	32,891
PHENOBARBITAL	PHENOBARBITAL	BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)	9,501
TEMAZEPAM	TEMAZEPAM	BENZODIAZEPINES (ANXIOLYTIC,SEDAT IV/HYP)	8,835
ZOLPIDEM TARTRATE ER	ZOLPIDEM TARTRATE	ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	6,751
ESZOPICLONE	ESZOPICLONE	ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	5,997

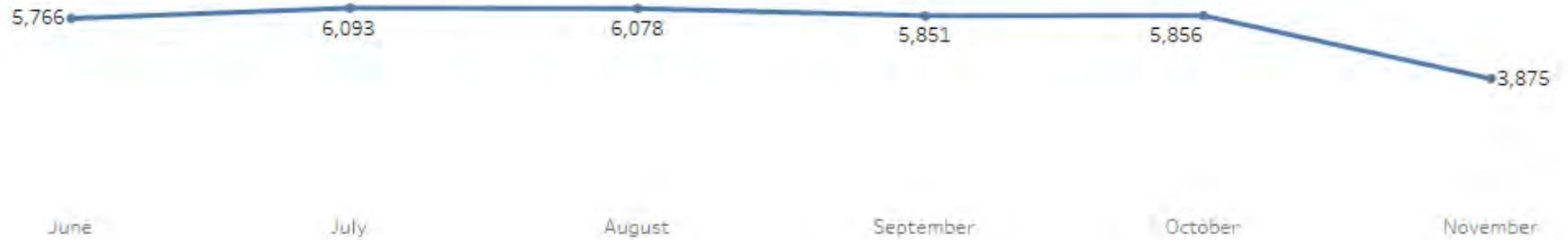
# Dispensations by Month

Date Period  
6/1/2017 12:00:00 AM to...

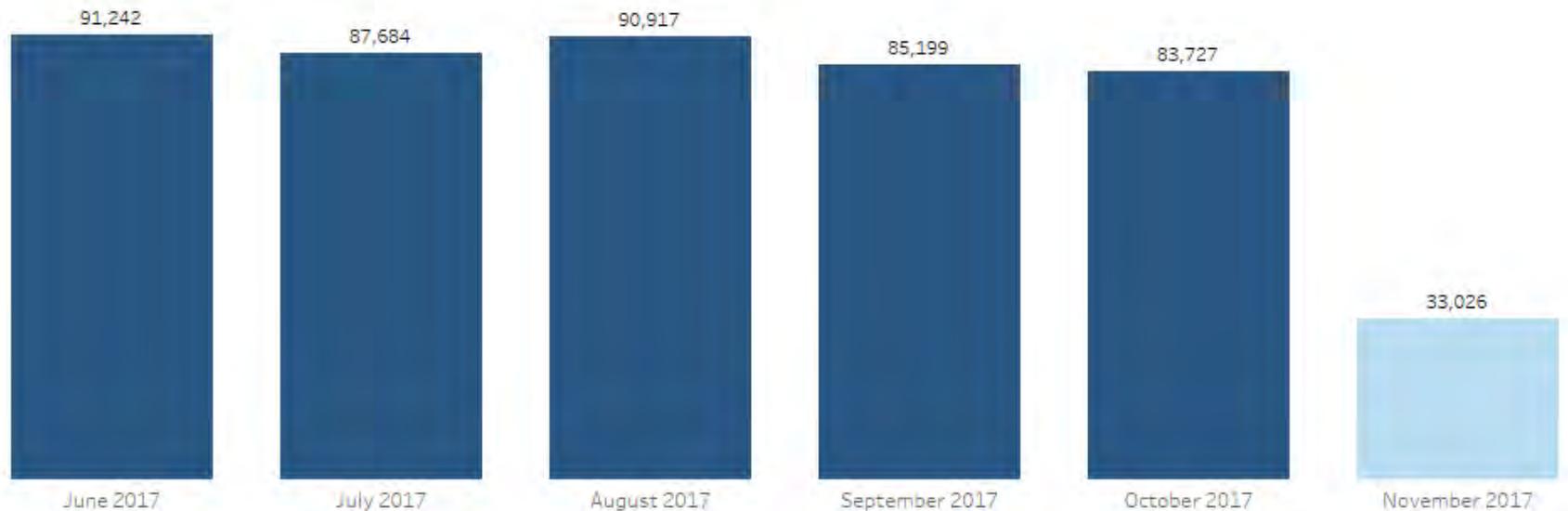
State  
All

DEA Schedule  
4

## Average Daily Dispensations Count



## Dispensations by Month



# Number of Prescriptions Dispensed by Schedule

Mandated Use of PDMP for Opioids



	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr 201	May-17	Jun-17	Jul 218	Aug-17	Sep-17	Oct-17
<b>SCHEDULE II</b>	100,670	102,306	98,993	89,830	101,823	91,203	99,976	95,667	88,743	92,878	88,409	87,931
<b>SCHEDULE III</b>	20,530	20,320	20,273	18,626	21,028	18,759	21,015	20,506	19,567	21,166	19,575	19,328
<b>SCHEDULE IV</b>	93,289	94,023	88,867	80,530	90,274	81,743	89,520	86,925	83,046	84,762	79,652	77,589



- .. Class II RX
- .. “Do not dispense until 11/1/2015
- .. “Dispense on 11/1/2015
- .. Is there a difference?

# Issue: Opioid Detox vs. “weaning”

- Had a question presented on a decreasing dose of oxycodone IR.
- What constitutes detoxification vs. slowly reducing a patients dose of opioids?

# Detox RX

## **21 CFR 1306.04 Purpose of issue of prescription.**

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

(c) A prescription may not be issued for “detoxification treatment” or “maintenance treatment,” unless the prescription is for a Schedule III, IV, or V narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment and the practitioner is in compliance with requirements in §1301.28 of this chapter.

# “weaning vs. detox”

Article in PAIN Medicine  
volume 5 number 3 2004”  
“Dear DEA” pages 303-308

“difference between chronic pain/opioid  
dependent vs. drug addiction”

· Questions or comments???

