

MSHP Town Hall

Purpose statement:

To provide a forum for members to express the Society's stance on important issues related to health-system pharmacy practice and medication use in Massachusetts. Additionally, to provide an opportunity to voice concerns to the ASHP House of Delegate representatives to advocate on behalf of MSHP members to influence ASHP's final positions on these issues. Furthermore, to inform the Board of Pharmacy members on specific pharmacy practice statutes that may impede on advancing the role of the pharmacist and/or pharmacy technician.

Technician Advancement, Training, and Licensure

Background:

ASHP supports the advancement of pharmacy technician roles and responsibilities to aid pharmacists in providing optimal patient care. ASHP advocates that pharmacy technicians must have standardized education, training, certification, and licensing requirements and become certified by the PTCB as a prerequisite to licensure by their state board of pharmacy.

In addition, the statement approved at the November 2015 ASHP House of Delegates outlines the evolving roles and responsibilities of pharmacy technicians under the supervision of a pharmacist. These roles include, but are not limited to, advanced medication systems, purchasing/fiscal management, management/supervision of other pharmacy technicians, medication history assistance, medication therapy management assistance, quality improvement, immunization assistance, hazardous drug handling, patient assistance programs, pharmacy technician education and training, and informatics.

In the NABP 2015 Survey of Pharmacy Law, it breaks down Tech-Check-Tech into the institutional setting and the community setting. There are 14 states that allow it in an institutional setting (CA, CO, ID, KS, KY, MI, MT, NC, ND, OR, SC, TX, UT, WA). There are 6 states that allow it in a community setting (CO, IA, MI, ND, SC, WA). In the MSHP 2016 Survey, it captured the current technology landscape and interest in implementing Tech-Check-Tech for the eighteen facilities that responded. There are 17 of 18 facilities use barcode scanning at the time of dose administration (BCMA). There are 18 facilities (100%) that use barcode scanning at the time they replenish automated dispensing cabinets, in which 16 of 17 (94%) would be interested in using Barcode(technology)-Check-Tech in place of a pharmacist check. In addition, 15 of 17 (88%) would be interested in using Tech-Check-Tech in place of a pharmacist check.

The Commonwealth of Massachusetts Board of registration of Pharmacy CMR 8.00 currently does not fully support the advancement for certified technicians. According to CMR 8.04 **Certified** Pharmacy Technician **cannot**:

1. Administer controlled substances
2. Perform drug utilization review
3. Conduct clinical conflict resolution
4. Contact prescribers concerning prescription drug order clarification or therapy modification
5. Provide patient counseling
6. Perform dispensing process validation.

Discussion Points:

1. What are the limitations in allowing us to move forward with the recommended ASHP advanced technicians roles?

2. Do our current statutes need to change? Are there specific pharmacy statutes that if amended would support the advancement of both the pharmacist and technician role?
3. PTCB ASHP accredited programs versus other national accredited programs
4. Is there one particular advanced technician role that MSHP should advocate for and/or develop tools/resources

Relevant/Referenced ASHP Policies: ASHP Statement on the Roles of Pharmacy Technicians, Council on Education and Workforce (CEWD) Development Policy Recommendation 1. Pharmacy Technician Training and Certification: Policy Recommendation 1. Pharmacy Technician Training and Certification; policy would supersede ASHP policy 1519, CEWD Policy Recommendation 2. Career Opportunities for Pharmacy Technicians; policy would supersede ASHP policy 0211, The Commonwealth of Massachusetts Board of registration of Pharmacy CMR 8.00.

Medical Marijuana

Background:

Medical cannabis, or medical marijuana, refers to the use of cannabis and its constituent cannabinoids such as tetrahydrocannabinol (THC) and cannabidiol (CBD), for the treatment of certain diseases and their associated symptoms. A number of states, including Massachusetts, legalized medical marijuana under strict provisions on January 1, 2013. These policies eliminated criminal and civil penalties for the possessions and use of up to a 60-day supply of marijuana for patients possessing a state-issued registration card. Although, Congress ended the federal prohibition of medical marijuana on December 16, 2014, natural cannabis products have not been approved by the FDA in any form and the DEA continues to recognize them as schedule I controlled substances. The FDA has approved two synthetic oral cannabinoids for the treatment of chemotherapy-induced nausea and vomiting, dronabinol and nabilone; however, there is no current FDA approved pharmacological agent for compassionate use indications such as intractable epilepsy in children.

In 2015, ASHP policy 1101, "Medical Marijuana," was amended to support the role of licensed pharmacies and health care facilities in managing medical marijuana. This includes procurement, storage, preparation, monitoring, and distribution of medical marijuana for purposes other than research in states where medical marijuana is legal. The intended outcome was to allow pharmacists to have an expanded role in the dispensing and regulation of medical marijuana.

Discussion Points:

1. Can hospitals or health care facilities legally manage the utilization of marijuana or continuation of therapy without Schedule II controlled designation?
2. Is there clinical justification to use marijuana and can we continue or manage therapy safely?
3. What guidance or oversight is needed to ensure product integrity and safety?
4. In a hospital or health care facilities is it suffice to manage with current FDA approved pharmacological agents?
5. How does conflict with Federal impact (risk) CMS reimbursement?

Referenced ASHP Policies: 2015 ASHP House of Delegates: Pharmacist Oversight of Medical Marijuana Dispensaries: Amended ASHP policy 1101, Medical Marijuana, 105 CMR 725.000 is to implement Chapter 369 of the Acts of 2012, An Act for the Humanitarian Medical Use of Marijuana.