~~Strikethrough~~ indicates deletion of current language
Underline indicates new language
Revision #1, based on April 18-19, 2007 Board meeting

Wyoming Pharmacy Act, Rules and Regulations
Chapter 2 , General Practice of Pharmacy
Proposed Revisions

Section 4. Definitions.

(pp) "Foreign Pharmacy Graduate" means a pharmacist whose undergraduate pharmacy degree was conferred by a recognized school of pharmacy outside of the 50 United States, the District of Columbia, and Puerto Rico. United States citizens who have completed their pharmacy education outside the United States are "foreign pharmacy graduates". Foreign nationals who have graduated from schools in the United States are not foreign pharmacy graduates.

Section 5. Pharmacist Licensure by Examination.

(a) The Board shall utilize those standardized examinations as prepared and administered by the National Association of Boards of Pharmacy. These standardized examinations shall include the following;

(i) North American Pharmacist Licensing Examination (NAPLEX®)

(ii) Multistate Pharmacy Jurisprudence Examination (MPJE™)

(b) Applicants for licensure by examination will be licensed, provided they meet the following requirements.

(i) A properly completed "Pharmacist Licensure by Examination" application as provided by the Board with the proper fee and fee/fingerprints for a criminal background check has been submitted to the Board's office. However, any applicant who has on file at the board's office a criminal background history dated within twelve (12) months of their date of application need not resubmit fee/fingerprints;

(ii) Pass the NAPLEX® with a minimum score of 75;

(A) Candidates who do not receive a passing grade on the NAPLEX® shall be allowed two (2) retakes for a total of three (3) examinations.

(B) All retakes require payment of fees as required by the National Association of Boards of Pharmacy.

(iii) Pass the MPJE® for Wyoming with a minimum score of 75;

(A) Candidates who do not receive a passing grade on the MPJE™ may retake the examination.

(B) All retakes require payment of fees as required by the National Association of Boards of Pharmacy.

(iv) Meet the required practical experience requirement of ~~2,000~~ 1,200 internship hours as specified in Chapter 3 of the Board's Rules;

(v) Complete all requirements within two (2) years of the date of application to the Board's office; and,

(vi) Meet requirements of W.S. §33-24-116.

(c) Applicants who have applied for score transfer of their NAPLEX® exam to Wyoming will be licensed by examination, provided they meet the following requirements.

(i) The NAPLEX® score transferred is 75 or more;

(ii) A properly completed "Pharmacist Licensure by Examination" application as provided by the Board with the proper fee, has been submitted to the Board's office;

(iii) Pass the Multi State Pharmacy Jurisprudence Exam (MPJE™) for Wyoming with a minimum score of 75;

(A) Candidates who do not receive a passing grade on the MPJE™ may retake the examination.

(B) All retakes require payment of fees as required by the National Association of Boards of Pharmacy.

(iv) Meet the required practical experience requirement of ~~2,000~~ 1200 internship hours as specified in Chapter 3 of the Board's Rules;

(v) Complete all requirements within one (1) year of the date of the NAPLEX® exam, which was utilized for the score which was transferred to Wyoming; and

(vi) Meet requirements of W.S. §33-24-116.

(d) No candidate will be licensed until the required practical experience as specified in Chapter 3, Section 3(a) of the Board's Rules has been met.

(e) Candidates failing to meet all requirements within the time period allowed in Chapter 2, Section 5(b)(v) and Chapter 2, Section 5(c)(v) must file a new application, including payment of all fees or if applicable seek licensure by license transfer as outlined in Chapter 2, Section 6.

(f) The Board reserves the right to require an interview with any applicant seeking licensure by examination to practice pharmacy in Wyoming.

(g) The Board shall charge fees to cover administrative costs, which shall include wall certificate, renewal certificate for current license year, and those costs associated in reviewing test questions for the jurisprudence exam (MPJE™).

(h) Foreign pharmacy graduates, holding a FPGEC Certificate issued by the Foreign Pharmacy Graduate Examination Committee, .may apply for licensure as a pharmacist under this section.. To be eligible for FPGEC certification, applicants must satisfy the following requirements established by the Foreign Pharmacy Graduate Examination Committee:

(i) Verification of educational equivalency of an applicant's foreign pharmacy education and the applicants licensure or registration as a pharmacist outside the US;

(ii) Passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE); and

(iii) Obtaining a total score of 550 or higher on the paper-based Test of English as a Foreign Language (TOEFL) or 213 or higher on the computer-based TOEFL and 50 or higher on the Test of Spoken English (TSE); or

(iv) In lieu of the TOEFL and TSE , obtaining an acceptable score for the Test of English as a Foreign Language Internet-based Test (TOEFL iBT), with minimal scores of 18 for listening, 21 for reading, 26 for speaking, and 24 for writing;

Section 6. Pharmacist Licensure by Reciprocal License Transfer.

Any pharmacist who is licensed by examination and is in good standing in any state which is a member of the National Association of Boards of Pharmacy (NABP) and who desires to be licensed by reciprocity into the State, shall proceed in the manner outlined by the NABP after first submitting the "Preliminary Application for Transfer of Pharmaceutic Licensure" obtained from any state or the NABP.

~~(a) The Board in its discretion may recognize the qualifications of the applicant as determined by NABP. Persons who have become registered as pharmacists by examinations in other states may be required to satisfy only the requirements which existed in this State at the time they became registered in the other state, provided that the state in which said persons is registered shall under like conditions grant reciprocal registration as pharmacist, without examination, to pharmacists duly registered by examination in this State. The Board reserves the right to reject any applicant pursuant to the Act.~~

(~~b~~a) In the event of rejecting an application, the fee paid to the Board will not be refunded.

(~~e~~b) All candidates for license transfer shall be required to:

(i) File all appropriate applications with the board;

(ii) Pay the required fee;

(iii) Pass the Multi-State Pharmacy Jurisprudence Exam (MPJE™);

(iv) Prove good moral character;

(v) Prove they have been in active pharmacy practice as defined in Chapter 2, Section 4(oo), for the year preceding the date of their application for license transfer. Applicants failing to show proof must complete an internship in Wyoming approved by the Board of no less than 400 hours. An applicant will be considered as successfully completing the internship if the overall score given by the preceptor, utilizing the Wyoming State Board of Pharmacy's "Intern Evaluation Report" is no less than a "C"; ~~and~~

(vi) Meet all requirements under the Act and the Board's Rules; and

(vii) If applying as a foreign pharmacy graduate, possess a FPGEC Certificate.

(~~d~~c) The Board shall not issue a pharmacist license by license transfer until all conditions under Chapter 2, Section 6 (~~e~~b) have been met.

(~~e~~f) All applications for transfer of licensure (reciprocity) shall expire one (1) year from date of issue by NABP if not filed with the Board and licensure completed.

(~~f~~g) The Board reserves the right to require an interview with any applicant seeking licensure by license transfer to practice pharmacy in Wyoming.

Section 11. Labeling Prescription Drug Containers.

(a) All original or refill prescription drug containers utilized in a traditional dispensing system shall be labeled as follows: name of the patient, brand or generic name of the drug product dispensed unless otherwise specified; drug strength and quantity; the name, address and phone number of the pharmacy; the practitioner's name; the serialized number of the prescription; the date the prescription was filled or refilled; directions for use, including accessory cautionary information as required for patient safety; the identifying initials of the dispensing pharmacist and any other information required by federal or state law.

(b) Effective January 1, 2004 all original or refill prescription drug containers utilized in a traditional dispensing system shall be labeled with its physical description, including any identification code that may appear on the tablets and capsules. A waiver will be granted for new drugs for the first 120 days on the market and 90 days on drugs for which the national reference file has no description on file.

(c) All unit dose or unit of issue packaging shall be labeled as follows:

(i) Brand name and/or generic name of the prescription drug;

(ii) Strength;

(iii) Manufacturers lot number; and

(iv) Manufacturers expiration date, if prepackaged or repackaged by the pharmacy, the expiration date shall be the lessor of the manufacturers expiration date or twelve (12) months from the date of prepackaging or repackaging.

(v) All unit of issue packaging dispensed shall include the following information on the label in addition to that required by Chapter 2, Section 11 (c) (i) through (iv) of the Board's rules:

(A) Name, address, and phone number of pharmacy;

(B) Prescription number;

(C) Name of the patient;

(D) Name of the practitioner;

(E) Directions for use;

(F) Date dispensed;

(G) Initials of dispensing pharmacist; and

(H) Accessory cautionary labels for patient safety.

(I) Quantity of medication

(vi) All unit of issue packaging dispensed by a retail pharmacy to residents of long term care facilities, as defined in Chapter 15 ,Wyoming Pharmacy Act, Rules and Regulations shall be labeled with its physical description, including any identification code that may appear on the tablets and capsules.

Section 33. Centralized Prescription Processing.

(a) The purpose of this section is to provide standards for centralized prescription processing.

(b) “Centralized Prescription Processing” as used in this section means the processing by a pharmacy of a request from another pharmacy to fill or refill a prescription drug order or to perform functions such as dispensing, DUR, claims adjudication, refill authorizations, and therapeutic interventions.

(c) "Dispensing Pharmacy" as used in this section means a pharmacy that may out source the processing of a prescription drug order to another pharmacy licensed by the board.

(d) "Central Fill Pharmacy" as used in this section means a pharmacy that processes a prescription drug order that was outsourced by a dispensing pharmacy licensed by the board.

(e) "Real-time" as used in this section means the transmission of information through data links is so rapid that the information is available to the dispensing pharmacy and requesting pharmacy sites simultaneously.

(f) Minimum Requirements:

(i) A dispensing pharmacy may outsource prescription drug order processing to another pharmacy licensed by the board. provided the pharmacies:

(A) have the same owner; or

(B) have entered into a written agreement, which complies with federal and state laws and regulations, specifying the services to be provided and the responsibilities and accountabilities of each pharmacy;

(C) share a real-time database; and

(D) maintain the original prescription at the dispensing pharmacy for a time period not less than two (2) years from the date last filled or refilled.

(ii) The pharmacist-in-charge of the central fill pharmacy shall ensure that:

(A) the pharmacy maintains and uses storage or shipment containers and shipping processes which ensure drug stability and potency. Shipping processes shall include the use of appropriate packaging material; and/or devices which ensure the drug is maintained at a temperature range which will maintain the integrity of the medication throughout the delivery process; and

(B) the dispensed prescriptions are shipped in containers sealed in such a manner as to show evidence of opening or tampering.

(iii) A resident dispensing or central fill pharmacy shall comply with the provisions of W.S. § 33-24-113 and this section.

(iv) A non resident dispensing or central fill pharmacy shall comply with the provisions of W.S. § 33-24-152 and this section.

(v) A dispensing or central fill pharmacy dispensing compounded non-sterile or sterile pharmaceuticals shall comply with the provisions of Chapter 13, Wyoming Pharmacy Act, Rules and Regulations.

(g) Notifications to patients.

(i) A pharmacy that out-sources prescription processing to another pharmacy shall:

(A) Notify patients that their prescription may be outsourced to another pharmacy prior to outsourcing the prescription via posted signage, written notification or refill phone message.

(B) If the prescription is delivered to the patient directly by the central fill pharmacy, the pharmacist employed by the central fill pharmacy shall ensure that the patient receives written notice of available counseling. Such notice shall include days and hours of availability, location of pharmacy, and a toll-free number the patient may utilize to contact a pharmacist for counseling or to answer questions. Such notice shall be included in each prescription delivery to the patient.

(h) Prescription Labeling.

(i) The prescription label shall clearly indicate which pharmacy filled the prescription and which pharmacy dispensed the prescription ; and

(ii) The prescription label shall comply with Section 11 of this chapter.

(i) Policies and Procedures. A policy and procedure manual relating to centralized processing shall be maintained at both pharmacies and be available for inspection. Each pharmacy is required to maintain only those portions of the policy and procedure manual that relate to that pharmacy's operations. The manual shall:

(i) outline the responsibilities of each of the pharmacies;

(ii) include a list of the name, address, telephone numbers, and all license/registration numbers of the pharmacies involved in centralized prescription processing; and

(iii) include policies and procedures for:

(A) notifying patients that their prescription may be outsourced to another pharmacy for centralized prescription processing and providing the name of that pharmacy;

(B) protecting the confidentiality and integrity of patient information;

(C) dispensing prescription drug orders when the filled order is not received or the patient comes in before the order is received;

(D) complying with federal and state laws and regulations;

(E) operating a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems;

(F) identifying the pharmacist responsible for each aspect of prescription preparation including, but not limited to, the drug regimen review, the initial electronic entry, any changes or modifications to the prescription record or patient profile, and the final check of the completed prescription;

(G) identifying the pharmacist responsible for making the offer to counsel to the patient as required by Chapter 9, Wyoming Pharmacy Act, Rules and Regulations; and

(H) documentation of annual review of the written policies and procedures.

(j) Records.

(i) Records shall be maintained in a real-time electronic database.

(ii) Each pharmacy shall comply with all the laws and rules relating to the maintenance of records and be able to produce an audit trail showing all prescriptions dispensed by the pharmacy and each pharmacist's or technician's involvement in dispensing.

(iii) The dispensing pharmacy shall maintain records which indicate:

(A) The date and time the request for processing was transmitted to the central fill pharmacy; and

(B) The date and time the dispensed prescription was received by the dispensing pharmacy, including the method of delivery (e.g., private, common, or contract carrier) and the name of the person accepting delivery.

(iv) The central fill pharmacy shall maintain records which indicate:

(A) the date the prescription was shipped to the dispensing pharmacy or, if requested by the patient, the date the prescription was shipped to the patient;

(B) the name and address where the prescription was shipped; and

(C) the method of delivery (e.g., private, common, or contract carrier).

(D) confirmation that the patient received the medication if mailed directly to the patient.

Section 34. Automated Storage and Distribution Systems.

(a) Before using an automated storage and distribution system, a pharmacy licensee or pharmacist in charge shall:

(i) Ensure that the automated storage and distribution system and the policies and procedures comply with subsection (b); and

(ii) Notify the board in writing of the intent to use an automated storage and distribution system, including the type or name of the system.

(b) A pharmacy licensee or pharmacist in charge shall establish policies and procedures for appropriate performance and use of the automated storage and distribution system that:

(i) Ensure that the automated storage and distribution system is in good working order while maintaining appropriate recordkeeping and security safeguards;

(ii) Ensure that an automated storage and distribution system used by a pharmacy that allows access to drugs or devices by a patient:

(A) Only contains prescriptions that;

(I) Do not require an offer to counsel by a pharmacist as specified in W.S. §33-24-136(c);

(II) Are properly labeled and verified by a pharmacist before placement into the automated storage and distribution system and subsequent release to patients;

(III) Are not a schedule II controlled substance under the Wyoming Controlled Substance Act; and

(IV) Can be stored at the required temperature.

(B) Allows a patient to choose whether or not to use the system;

(C) Is located inside of a building in a wall of a licensed pharmacy where the pharmacy staff has access to the device from within the pharmacy and patients have access from outside of the pharmacy and is attached to the wall in such a manner that prevents unauthorized removal;

(D) Provides a method to identify the patient and only release the identified patient's prescriptions;

(E) Is secure from access and removal of drugs or devices by unauthorized individuals;

(F) Provides a method for a patient to obtain consultation with a pharmacist, if requested by the patient; and

(G) Prevents dispensing of refilled prescriptions if a pharmacist determines that the patient requires counseling.

(iii) Ensure that an automated storage and distribution system used by a pharmacy that allows access to drugs or devices for the purposes of administration only by authorized licensed personnel based on a valid prescription order or medication order:

(A) Provides for adequate security to prevent unauthorized individuals from accessing or obtaining drugs or devices; and

(B) Insures the filling, stocking, or restocking of all drugs or devices in the system may be done only by a pharmacist, pharmacy intern or pharmacy technician.

(iv) Implement an ongoing quality assurance program that monitors compliance with the established policies and procedures of the automated storage and distribution system and federal and state law.

(c) A pharmacy licensee or pharmacist in charge shall:

(i) Ensure that policies and procedures for the performance and use of an automated storage and distribution system are prepared, implemented, and complied with;

(ii) Review and document annually and, if necessary, revise the policies and procedures required under this section;

(iii) Make the policies and procedures available for employee reference and inspection by the board within the pharmacy and at any location outside the pharmacy where the automated storage and distribution system is used.

(d) The board may prohibit a pharmacy licensee or pharmacist in charge from using an automated storage and distribution system if the pharmacy licensee or the pharmacy licensee's employees do not comply with the requirements of this section.

Wyoming Pharmacy Act, Rules and Regulations
Chapter 3, Pharmacy Internship Regulations
Proposed Revisions

Section 1. Authority.

These regulations are promulgated as authorized by The Act.

Section 2. Interns in Pharmacy.

(a) "Intern" means any person who has begun class-work in their first professional year in an approved college or school of pharmacy, who is in good standing; or a graduate of an approved college or school of pharmacy seeking licensure by exam or score transfer who lacks the required amount of practical experience for licensure; or those applicants for reciprocity who have not been in active practice and must complete an internship; or those applicants for reinstatement of a lapsed license that must complete a required amount of practical experience; or those applicants for licensure who are considered foreign pharmacy graduates and possess a FPGEC Certificate who must complete 1200 hours of practical experience for licensure .

(f) The preceptor shall submit to the Board at the end of each period of employment - an "Intern Evaluation Report" and affidavit as provided by the Board for the following:

(i) Applicants for licensure by exam or score transfer who will not have 1200 hours of practical experience after completion of a clinical clerkship during the student's fourth professional year at an approved college or school of pharmacy.

(ii) Applicants for licensure by reciprocity who do not have the required practical experience as specified in Chapter 2, Section 6. Wyoming Pharmacy Act, Rules and Regulations.

(iii) Applicants for reinstatement of a pharmacist license who must complete a required amount of practical experience.

(iv) Foreign pharmacy graduates who must complete 1200 hours of practical experience for licensure.

~~Section 6. Violations, Hearings, and Penalties.~~

~~Interns violating the Act or Board Regulations shall be subject to administrative procedures under Chapter I of these Regulations.~~

Wyoming Pharmacy Act, Rules and Regulations

Chapter 10, Pharmacy Technician Regulation

Proposed Revisions

~~Section 8. Qualifications, Education, Registration Requirements and Identification of Pharmacy Technicians and Pharmacy Technicians-In-Training.~~

~~A pharmacy technician or pharmacy technician-in-training shall:~~

~~(a) Be at least 18 years of age.~~

~~(b) Have no felony or gross misdemeanor conviction relating to controlled substances within thirty-six (36) months of the date of application.~~

~~(c) Have no history of drug abuse or provide satisfactory evidence of rehabilitation.~~

~~(d) Hold a high school diploma or its equivalent.~~

~~(e) Have completed requirements for registration as determined by the Board.~~

~~(f) Wear a name badge with the appropriate designation "Pharmacy Technician" or a "Pharmacy Technician-In-Training" at all times when in or near the pharmacy area.~~

~~(g) Identify themselves as a "Pharmacy Technician" or a "Pharmacy Technician-In-Training" in all telephone conversations while on duty in the pharmacy.~~

Section 8. Pharmacy Technician-In-Training Qualifications

A pharmacy technician-in-training applicant shall:

(a) Be at least 17 years of age.

(b) Hold a high school diploma or its equivalent. Effective January 1, 2007, in addition to holding a

high school diploma or its equivalent, all applicants for a pharmacy technician in training permit must be enrolled in good standing or accepted into a pharmacy technician training program which is accredited by the American Society of Health-System Pharmacists (A.S.H.P.). Provided however, applicants enrolled in programs which have applied for A.S.H.P. accreditation will be accepted until January 1, 2009.

(c) Have not been convicted of a felony or misdemeanor involving moral turpitude within thirty-six (36) months of the date of application.

(d) Have no history of drug abuse or provide evidence of rehabilitation satisfactory to the Board.

Section 9. Pharmacy Technician-In-Training Registration; Length of Registration Period; Training; Place of Employment; Change of Employment; Identification.

(a) Prior to January 1, 2007 applicants for a pharmacy technician-in-training permit shall ~~apply to the Board for a training permit on~~ submit an application supplied by the Board and shall pay the fee required. ~~within ten (10) calendar days of starting on the job training~~. An applicant for a pharmacy technician in training permit shall meet the requirements of Chapter 10, Section 8 of the Board's rules. In addition, all applicants shall submit fee and fingerprints for a criminal background check.

(i) This permit shall be valid for two years from date of original issuance. It may not be renewed. The sponsoring pharmacy, as identified on the application, shall be printed on the technician-in-training permit.

(ii) A change in sponsoring pharmacy requires immediate submission of an updated application, and a corrected permit may be issued to the technician-in-training by the Board.

(iii) A pharmacy technician in training may perform pharmacy functions only at the pharmacy location specified on the permit.

(b) After January 1, 2007 applicants for a pharmacy technician-in-training permit shall submit an application supplied by the board and shall pay the fee required. An applicant for a pharmacy technician in training permit shall meet the requirements of Chapter 10, Section 8 of the Board's rules. In addition, all applicants shall supply fee and fingerprints for a criminal background check.

(i) This permit shall be valid for three years from date of original issuance and may not be renewed unless approved by the board due to exceptional circumstances.

(ii) The permit shall indicate the name of the pharmacy technician training program where the applicant is enrolled.

(~~b~~ c) A pharmacy technician-in-training may perform pharmacy functions commensurate with his ability to perform those tasks as identified in Chapter 10, section 3, and then only to the extent allowed by the pharmacist-in-charge where employed.~~. The pharmacy technician-in-training is considered a trainee and as such the PIC, pharmacists, and pharmacy technicians shall participate in the training of this individual. The supervising pharmacist shall not allow the pharmacy technician-in-training to perform any pharmacy function for which the individual has not demonstrated competency.~~

~~(c) A pharmacy technician-in-training may perform pharmacy functions only at the pharmacy location specified on the permit.~~

(d) A pharmacy technician-in-training shall identify themselves as a "Pharmacy Technician-In-Training" in all telephone conversations.

(e) A pharmacy technician-in-training shall wear a name badge with the appropriate designation "Pharmacy Technician-In-Training" at all times when in or near the pharmacy.

Section 10. Pharmacy Technician Qualifications

A pharmacy technician applicant shall:

(a) Be at least 18 years of age.

(b) Hold a high school diploma or its equivalent.

(c) Effective January 1, 2010 in addition to holding a high school diploma or its equivalent, all applicants for licensure as a pharmacy technician shall:

(i) Hold a Certificate or Associate Degree from a pharmacy technician training program accredited by the American Society of Health-System Pharmacists (A.S.H.P) or

(ii) Hold a pharmacy technician certificate issued by a branch of the United States Armed Forces or

(iii) Provide a notarized affidavit from an employer certifying 3000 hours of practical experience as a pharmacy technician or technician in training, which was acquired within 4 years preceding the date of application. This provision expires January 1, 2012.

(d) Possess a current Pharmacy Technician Certification Board (P.T.C.B.) certificate.

(e) Have not been convicted of a felony or misdemeanor involving moral turpitude within thirty-six (36) months of application.

(f) Have no history of drug abuse or provide evidence of rehabilitation satisfactory to the Board.

Section ~~10~~ 11 Pharmacy Technician Registration; Renewals~~; Late Payment Fees~~; Expired License; Active/Inactive License; Reinstatement; Change of Employment; Change of Address; Identification.

(a) Registration.

(~~a~~ i) Individuals shall apply for pharmacy technician licensure by completing an application supplied by the Board, ~~providing evidence of current certification by the Pharmacy Technician Certification Board, paying the required fee, and meeting the requirements of Chapter 10, Section 8 (a)(b)(c)(d) (a)(i-iv)of the Board's Rules~~ pay required fees, meet the requirements of Chapter 10, Section 10 of the Board's rules and provide fee and fingerprints for a criminal background check. An applicant who has a criminal background history on file at the Board's office, which is dated twenty-four (24) months or less from the date of application need not resubmit fingerprints or fee The Board reserves the right to require an interview prior to a pharmacy technician license being issued.

(b) Renewals

(~~b~~ i) A pharmacy technician must apply, on a form supplied by the Board, to renew his license each year on or before December 31. Along with the application, he must submit copies of required continuing pharmacy education certificates, and payment of the required renewal fee. The Board shall assess a late payment fee for any renewal application postmarked or filed after December 31.

(c) Expired License; Reinstatement

(~~c~~ i) A pharmacy technician's license not renewed by ~~March 31~~ December 31 shall be deemed expired. A pharmacy technician may not practice in this state with an expired technician license. An expired license may be restored by the board upon compliance with this section not later than March 31 following expiration of the license.

(~~d~~ ii) After March 31 ~~A~~ a pharmacy technician may petition the Board for reinstatement of an expired license. To be considered for reinstatement, the pharmacy technician must submit the following:

(~~i~~ A) A letter requesting reinstatement.

(~~ii~~ B) Payment of annual fees, including late payment fees, for those years which the license was expired~~.~~, up to five (5) years.

(~~iii~~ C) Evidence of current certification by the Pharmacy Technician Certification Board (PTCB).

(~~iv~~ D) Proof of continuing pharmacy education for those years the license was expired, up to five years.

(d) Active/Inactive License

(~~e~~ i) A pharmacy technician who fails to submit the required number of continuing education credits with a renewal may be issued an "inactive" license. A pharmacy technician may not practice in Wyoming with an "inactive" license. An "inactive" license may be converted to "active" status by providing the necessary hours of continuing education credits for those years the license has been "inactive" to a maximum of five (5) years.

(e) Change of Employment; Change of Address.

(~~f~~ i) If change of employment or mailing address occurs, the Board shall be notified within 30 days of date of change by the pharmacy technician.

Section ~~1~~1 12. Pharmacy Technician Continuing Education Requirements.

(a) Every pharmacy technician seeking renewal of a pharmacy technician license shall complete and submit, during each calendar year, six (6) contact hours of approved, continuing pharmacy education programs to be applied to the upcoming renewal year.

(b) Excess continuing education hours may not be carried forward to subsequent years.

Section ~~12~~ 13. Pharmacy Technician Approved Continuing Education Providers.

The following are acceptable providers of continuing education for pharmacy technicians and may be submitted to the Board for proof of meeting the continuing education requirement as specified in Chapter 10, Section ~~11~~ 12:

(a) Pharmacist supervisor at place of employment, utilizing a format for documentation developed by the Board of Pharmacy Staff;

(b) Continuing education hours approved by the Pharmacy Technician Certification Board (P.T.C.B.);

(c) Continuing education hours approved by The American Pharmaceutical Association (A.Ph.A.);

(d) Continuing education hours of providers of continuing education accredited by the American Council on Pharmaceutical Education (A.C.P.E.);

(e) Continuing education hours presented by the Wyoming ~~Pharmacists Association (W.Ph.A.)~~ Tripartite Committee.

~~Strikethrough~~ indicates deletion of current language
Underline indicates new language
Revision #1, based on April 18-19, 2007 Board meeting

Wyoming Pharmacy Act, Rules and Regulations

Chapter 13, Compounding

Proposed Revisions

Section 10. Sterile Compounding.

All retail and institutional pharmacies who engage in the compounding of sterile products shall comply with the current version of USP 797 Guidelines as published by the Unites States Pharmacopeia. For the purpose of this section sterile compounding includes the preparation of any parenteral, ophthalmic, inhalation, or any other prescription drug product, which requires compounding in a clean air environment.

~~(a) Sterile compounding includes the preparation of any parenteral, ophthalmic, inhalation, or any other prescription drug product, which requires compounding in a clean air environment.~~

~~(b) A policy and procedure manual for sterile product compounding shall be developed by the pharmacist in charge and reviewed annually. The manual shall include policies and procedures for:~~

~~(i) Oncology drugs, if applicable;~~

~~(ii) Disposal of unused supplies and medications;~~

~~(iii) Drug destruction and return;~~

~~(iv) Drug dispensing;~~

~~(v) Drug labeling;~~

~~(vi) Storage;~~

~~(vii) Duties and qualifications for staff;~~

~~(viii) Equipment;~~

~~(ix) Handling of hazardous wastes;~~

~~(x) Investigation drug protocol;~~

~~(xi) Safety of compounding procedures;~~

~~(xii) Record keeping;~~

~~(xiii) Reference material;~~

~~(xiv) Maintenance of a sanitary environment;~~

~~(xv) Transportation, if applicable; and~~

~~(xvi) Quality assurance, as relates to:~~

~~(A) Recall procedures;~~

~~(B) Storage and dating;~~

~~(C) Educational procedures for staff and patient;~~

~~(D) Sterile procedures, to include routine maintenance and hood certification; and, if necessary, sterile testing of end products, operator procedures, and environment.~~

~~(c) The following physical requirements for sterile compounding are in addition to other requirements set forth in Chapter 2, Section 7 and Chapter 12, Section 8 of the Board's Rules:~~

~~(i) The licensed pharmacy shall have a designated area for sterile compounding. This area shall be designed to withstand routine disinfecting procedures and shall be kept free of particulate generators, e.g., corrugated cardboard containers. This area shall be designed to avoid unnecessary traffic and airflow disturbances. It shall be used only for the preparation of sterile products. It shall be of sufficient size to accommodate a class 100 laminar flow cabinet and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation, and security.~~

~~(ii) The minimum equipment shall be:~~

~~(A) Class 100 laminar flow cabinet or Class 100 clean room;~~

~~(B) Sink with hot and cold running water which is convenient to the compounding area;~~

~~(C) Appropriate disposal containers for used needles, syringes, and if applicable, cytotoxic and hazardous wastes from preparation of cytotoxic agents;~~

~~(D) A Class II biological safety cabinet, if cytotoxic agents are prepared;~~

~~(E) Refrigerator or freezer with a thermometer, which is convenient to the compounding area; and~~

~~(F) A temperature controlled delivery container (not required if delivered in the same facility).~~

~~(iii) The minimum supplies shall be:~~

~~(A) Disposable needles, syringes, and other supplies needed for sterile compounding;~~

~~(B) Disinfectant cleaning solutions;~~

~~(C) Hand-washing agent with bactericidal action;~~

~~(D) Disposable, lint-free towels or equivalent;~~

~~(E) Appropriate filters and filtration equipment;~~

~~(F) Oncology drug spill kit, if applicable; and~~

~~(G) Disposable personal protective gear.~~

~~(a) The sterile compounding area of the pharmacy shall not be accessible to the public and no one shall have access without authorization of the pharmacist-in-charge.~~

~~(e) Each pharmacy engaged in sterile compounding shall have current reference materials related to sterile products compounded therein.~~

~~(f) Each pharmacy engaged in sterile product compounding shall be managed by a pharmacist licensed in Wyoming who is knowledgeable in the specialized functions of preparing and dispensing compounded, sterile pharmaceuticals, including the principles of aseptic technique and quality assurance.~~

~~(g) A log, either manual or electronic shall be maintained for all sterile compounded products dispensed from the pharmacy. This log shall be maintained for a minimum of two years from the date that the sterile compounded product was dispensed. The log shall include the following:~~

~~(i) Date prepared;~~

~~(ii) Name or initial of pharmacist responsible for the preparation, and technician if applicable.~~

~~(iii) Name of patient;~~

~~(iv) Prescription number (if applicable); and~~

~~(v) Name of sterile compounded product including strength or concentration.~~

~~(h) All containers shall be labeled, as a minimum, with the following:~~

~~(i) Patient's Name and identifier, if applicable;~~

~~(ii) Prescribing practitioner's name, if applicable;~~

~~(iii) Name of drug, including concentration or amount;~~

~~(iv) Date prepared;~~

~~(v) Name or initials of pharmacist who prepared the product;~~

~~(vi) Directions, if applicable;~~

~~(vii) Route and rate of administration, if applicable; and~~

~~(viii) Expiration date.~~

~~(i) Any class 100 laminar flow cabinet or class II biological safety cabinet shall be certified by an independent contractor according to Federal Standard 209E for operational efficiency at least every 12 months or whenever it is relocated.~~

Wyoming Pharmacy Act, Rules and Regulations
Chapter 16, Immunization Regulations
Proposed Revisions

(c) "Immunizations" means for the purpose of this chapter those vaccines which a pharmacist may prescribe or administer to healthy adults or those vaccines which may be administered on a specific order of a physician for high risk adults and shall be restricted to the following vaccines:

(i) Tetanus, diphtheria, pertussis (Td, Tdap)

(ii) Measles, mumps, rubella (MMR)

(iii) Varicella

(iv) Influenza

(v) Pneumococcal (Polysaccharide)

(vi) Hepatitis A

(vii) Hepatitis B

(viii) Meningococcal

(ix) Human papillomavirus (HPV)

Wyoming Controlled Substance Act, Rules and Regulations
Chapter 6, Issuing, Filing and Filling of Prescriptions
Proposed Revisions

Section 4. Manner of Issuance of Written, Typed or Computer Generated Prescriptions.

(a) Effective January 1, 2007, all controlled substance prescriptions written by a Wyoming practitioner shall be issued on security paper. Any controlled substance prescriptions written by a Wyoming practitioner issued on non-security paper may not be dispensed by a pharmacist if signed after January 1, 2007.

(b) Any written, typed or computer generated prescription issued by a Wyoming practitioner for a schedule II-V controlled substance except those issued as a medication order for administration in a long-term care facility or institutional facility shall meet the following requirements:

(i) Shall be printed on security paper, which includes the following features:

(A) If scanned or copied, "void" is displayed prominently throughout the front side of the document;

(B) Erasure protection on green or blue background is utilized on the front side;

(C) Clear instructions printed on the paper indicating the front and back sides; and

(D) Security warning list on the blank.

(ii) All suppliers of security paper must be approved by the Board. Approval will be based on the suppliers' product meeting the requirements of Chapter 6, Section 4 (a) (i). The Board shall make available a listing of all approved suppliers, which is updated at least annually.

(iii) All Board approved suppliers of security paper shall provide the Board written assurance that they will distribute prescription pads or paper only to practitioners duly authorized to prescribe controlled substances in Wyoming.

(iv) All controlled substance prescriptions written by a Wyoming practitioner shall be manually signed in the same manner as the practitioner would sign a check or legal document. The use of electronic or digital signatures or signature stamps are not allowed.

(v) Prescriptions may be prepared for dating and signature of the practitioner by an authorized agent of the practitioner and the use of preprinted prescriptions is allowed. Under no circumstance may stickers be utilized for information relating to drug, strength, quantity, or directions.

(vi) Prescriptions shall be dated as of, and signed on, the day when issued and shall bear the full name, address, telephone number and DEA registration number of the issuing practitioner. No post dating of controlled substance prescriptions are allowed.

(vii) Prescriptions shall be written in ink, typed or electronically generated.

(viii) The prescribing practitioner and dispensing pharmacist share the responsibility to assure compliance with this section.

(c) A refill request for a schedule III-V controlled substance generated and faxed by the pharmacy to a practitioner for refill authorization need not be printed on security paper.

(d) A schedule III-V controlled substance prescription faxed by the practitioner to the pharmacy need not be printed on security paper.

(~~d~~e) An intern, resident, or foreign physician exempted from registration under Chapter 3 Section 24 shall include on all prescriptions issued by him the registration number of the hospital or other institution and the special internal code number assigned to him by the hospital or other institution as provided in Chapter 3 Section 24, in lieu of the registration number of the practitioner required by this section. Each prescription shall have the name

of the intern, resident, or foreign physician stamped or printed on it, as well as the signature of the physician.

(~~e~~f) An official exempted from registration under Chapter 3 Section 25 shall include on all prescriptions issued by him, his branch of service or agency (e.g., "U. S. Army" or "Public Health Service") and his service identification number, in lieu of the registration number of the practitioner required by this section. The service identification number for a Public Health Service employee is his Social Security identification number. Each prescription shall have the name of the officer stamped or printed on it, as well as the signature of the officer.

Wyoming Controlled Substance Act, Rules and Regulations
Chapter 8, Prescription Drug Monitoring Program
Proposed Revisions

Section 1. Authority.

These regulations are promulgated as authorized by the Wyoming Controlled Substance Act.

Section 2. Transmission of Information Regarding Dispensing of Controlled Substances to Certain Persons.

a. Each resident/nonresident retail pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in Schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the board or its agent the information set forth in the "ASAP Telecommunications Format for Controlled Substances", May 1997 edition, published by the American Society for Automation in Pharmacy, which is hereby adopted by reference. The information relating to the following field names shall be transmitted:

i. Pharmacy number;

ii. Birth date;

iii. Sex Code;

iv. Date filled;

v. Rx number;

vi. New/refill code;

vii. Metric quantity;

viii. Date Rx written;

ix Days supply;

x. NDC number;

xi. Prescriber ID number;

xii. Patient last name;

xiii. Patient first name;

xiv. Patient street address; and

xv. Patient zip code.

b. The resident/nonresident retail pharmacy shall ensure that, not later than the 10th day of the month immediately following the month in which the prescription was dispensed, the information required pursuant to Section 2 (a) of this chapter is transmitted to the board or its agent by one of the following methods:

i. Computer modem that can transmit information at the rate of 2400 baud or more;

ii. Computer disk;

iii. Cassette containing magnetic tape, which is 1/4 of an inch wide and is used to transmit information between computerized systems;

iv. Paper printout.

d. Upon a showing of good cause, the board may, for a period of 90 days, waive the requirements set forth in this section for a pharmacy that cannot transmit the information required pursuant to Section 2 (a) of this chapter before October 1, 2004. The board may renew the waiver.

Section 3. Solicited Patient Profiles.

a. Occupational licensing boards may request licensee profiles from the board provided the following are met:

i. All requests must be on a form provided by the board and include the name and license number of the licensee;

ii. The purpose of the request, the date range requested, and the specific reasons for this request;

iii. The signature of the authorized agent and mailing address for the occupational licensing board;

iv. The request shall be mailed or faxed to the board's office; and

v. No licensee profile will be generated by the board until the request is received, and no licensee profile will be sent to an occupational licensing board unless those requirements identified in W.S. §35-7-1060 (c)(ii) have been met. All profiles generated by the board will be mailed to the occupational licensing board, and marked "confidential, to be opened by addressee only".

b. Pharmacists and practitioners are under no obligation to, but may request patient profiles from the board provided the following conditions are met:

i. All requests must be submitted on a form provided by the board and must be mailed or faxed to the board's office;

ii. All requests must be signed by the pharmacist or practitioner requesting the information and include the business name/address of the pharmacist or practitioner;

iii. All requests shall include the patient's name, date of birth, purpose of the request, and the date range for the profile;

iv. A statement indicating a pharmacist/patient or practitioner/patient relationship exists; and

v. All profiles generated by the board shall be faxed or mailed to the pharmacist or practitioner at their business address, and if mailed marked "confidential, to be opened by addressee only".

c. Patients, their authorized agent, or in the case of a minor, the minor's parent or guardian may request a copy of the patient's profile from the board's office provided the following are met:

i. All requests shall be made in person at the board's office. The patient requesting the profile or an authorized agent of the patient or parent's or guardians of minors requesting a profile must have proof of identification acceptable to the board;

ii. Any person making a request for a profile shall complete a form provided by the board. Any profile generated by the board will be available at the board's office, the same day of the request.

Section 4. Unsolicited Patient Profiles

The board may generate patient profiles based on information showing use of controlled substances, which is in excess of established parameters. Profiles generated will be mailed to each pharmacy and practitioner where the patient was seen. A letter of explanation will accompany each profile.

Section 5. Reports.

a. The board shall maintain a register for solicited patient profile requests. The register shall include the following:

i. Date received;

ii. Name of patient, patient's date of birth or the name of the practitioner and practitioner's DEA registration number;

iii. Name, title, business, and address of individual requesting the profile; and

iv. Date profile mailed or faxed.

b. The board shall maintain a register for any unsolicited patient profile generated by the board. The register shall include the following:

i. Date generated;

ii. Criteria used for profile generation; and

iii. Number of profiles/cover letters mailed.

Section 6. Statistical Profiles

The board may generate statistical profiles upon request, provided no patient/practitioner/pharmacy specific information is included. The board shall charge a fee of $25.00 per profile generated for any government agency and $500.00 per profile for all others.

Section 7. Reporting of Non-Controlled Prescription Drugs.

Resident and nonresident retail pharmacies shall ensure that, not later than the 10th day of the month immediately following the month in which the prescription was dispensed, the information required pursuant to Section 2 (a) of this chapter is transmitted to the board or its agent for the following prescription drugs:

(a) Tramadol, including any combination product where tramadol is an active ingredient.

(b) Carisprodol, including any combination product where carisprodol is an active ingredient.