

Change in Rules and Regulations

An Order Adopting Rules, Case number 05-1 was approved by the Board at their October 5th Board meeting. The full text of the Order and the strike-through/underline version may be viewed on the Board's website (<http://pharmacyboard.state.wy.us>) under "Rule-Making Orders". The amended rules require approval by the Governor before they will become law and the Governor has until December 19, 2005 to approve. All changes relating to how a pharmacist reports continuing education when renewing their license will be implemented with renewals for 2007. The Board did not adopt changes to the Code of Ethics (proposed rule, Chapter 4, Section 2) and tabled to the February 9, 2006 Board meeting the following proposed changes: proposed rules, Chapter 2, Section 17, which dealt with the signature log and proof of ID and those proposed changes to Chapter 10, Pharmacy Technicians. Otherwise, all rules were approved as presented in the "Notice of Intent to Adopt Rules and Regulations". A summary sheet of all changes in statute as well as rules and regulations, which have occurred since the 2005 Wyoming Legislature will be sent to all resident and non-resident pharmacies and posted on the Board's web site after the Board votes on those proposed rules deferred to the February 9th meeting in Casper. You are encouraged to review the "Order Adopting Rules" and to contact the Board's office if you have any questions.

Pharmacist & Pharmacy Technician License Renewals

All renewal applications for pharmacists and pharmacy technicians licensed in Wyoming were mailed to the address of record on November 1, 2005. Remember to mail your completed renewal application, copies of CE certificates and fee to the Board's office postmarked no later than December 31, 2005. Renewal applications postmarked after December 31st are subject to a late fee. Provided you are residing in Wyoming, we have included with your renewal application

a one-page survey concerning education requirements for applicants seeking registration as a pharmacy technician-in-training or licensure as a pharmacy technician. As mentioned previously, the Board postponed their decision on changes to Chapter 10 to the February 9, 2006 Board meeting. The Board is seeking input from pharmacists and pharmacy technicians practicing in Wyoming regarding the need to require education beyond high school for applicants for licensure as pharmacy technicians and enrollment in an ASHP accredited pharmacy technician training program for pharmacy technicians-in-training applicants. Results of this survey will be utilized by the Board when considering final action on the proposed changes to Chapter 10. Your response may be returned with your renewal application or if you wish to remain anonymous it may be faxed or mailed to the Board's office.

Golden Certificate -- 50 Years of Service

Congratulations to the following pharmacists who have completed 50 years of service in 2005 as a licensed pharmacist in Wyoming. The Board of Pharmacy recognizes these pharmacists and is grateful for their years of service to the pharmacy profession.

Roger W. Anderson (March 15, 1955, date of original licensure); **Robert Berkowitz** (June 20, 1955, date of original licensure); **Isabella M. Bull** (June 25, 1955, date of original licensure); **Kenneth J. Esterbrook** (March 15, 1955, date of original licensure) and **William J. Laya** (June 25, 1955, date of original licensure).

Fentanyl Transdermal Patch Information (Jeanann Wenke, PharmD Candidate)

A study has shown that after a fentanyl patch has been worn for 72 hours that 28 to 84% of the original contents still remain. During an investigation of a fentanyl transdermal patch overdose, a Coroner's office was told by the manufacturer that up to 80% of the active ingredient could still be present in the gel after 72 hours. Proper disposal of these patches is important.

Numerous routes of administration have been used to abuse and misuse the fentanyl transdermal patches. These routes include transdermal, transmucosal, and intravenous. This is a growing problem, which is leading to more deaths each year.

When counseling a patient make sure they know the importance of proper disposal, which is to fold the patch in half so the adhesive side of the patch sticks to itself and flush it down the toilet immediately. In the hospital setting, the procedure for destroying a fentanyl patch is as follows: two nurses must witness the disposal; the persons performing the disposal should wear gloves, cut the patch, and flush it down a toilet. The signatures of both nurses involved must be documented. The record should include the date, time, and method of destruction. Please take the time to stress the importance of proper disposal of fentanyl transdermal patches. This article focuses on fentanyl transdermal patch disposal methods. Other patches to keep in mind when counseling on the proper disposal methods may include nicotine patches, hormone patches, nitroglycerin patches, and scopolamine patches.

Reference

1. Marquardt KA, Tharratt RS, Musallam NA. Fentanyl remaining in a transdermal system following three days of continuous use. *Ann Pharmacotherapy* 1995 Oct; 29(10):969-71.

Pharmacy Law Manuals

Pharmacy law manuals are now available in a downloadable PDF file from the Board's web page <http://pharmacyboard.state.wy.us>. The Board no longer provides hard copies.

Questions--contact the board's office.

Proposed Changes in Board Rules and Statute

The Board is considering a number of changes in Board rules and possibly seeking changes in the Wyoming Pharmacy Act during the 2007 Wyoming Legislature. Rule changes will be considered in 2006. Possible changes being considered include:

- Chapter 3, Pharmacy Internship Regulations. The Board is considering changing the practical experience requirement from 2000 hours to only requiring those hours gained during the P4 year in pharmacy school, provided a required minimum number of hours of practical experience are gained during the P4 year.
- Chapter 13, Compounding. The Board is considering a change in sterile compounding rules. A workgroup has been formed to assist the Staff in drafting rules for the Board to consider. Changes are based on USP 797 guidelines. The workgroup consist of the following pharmacists: Allan Anderson (Sheridan), Waldo Roth (Laramie), Darrel Jones (Laramie), David Pestotnik (Casper), Bill Burluson (Riverton), Jennifer Nevins (Wheatland), Tom Butler (Casper), Jeff Yule (Worland), Sarah Blakely (Cheyenne) and Mindy Rasmussen (Cheyenne). The group anticipates having draft language for the Board to consider at the February meeting.
- Chapter 8, Manufacturer, Distributor, Wholesaler Prescription Drug Regulations. The Board is considering revising the entire chapter. Changes are being considered to deal with the increasing problems of counterfeit drug products being introduced into the U.S. prescription drug market.
- Chapter 2, Section 11, Labeling Prescription Drug Containers. The board is considering requiring unit dose or unit of issue packaging to include a physical description and product ID as is currently required for traditional dispensing.
- Doctor/Patient Relationship. The Board is considering a definition by rule to clarify the use of "doctor/patient relationship" in the Wyoming Pharmacy Act, 33-24-101 (b)(iv)G). The Board will be working with the Board of Medicine and it is hoped the Board of Medicine will also adopt a rule clarifying the doctor/patient relationship.

- Foreign Pharmacy Graduates. The Board is considering a change in the Wyoming Pharmacy Act to allow foreign pharmacy graduates to be eligible for licensure in Wyoming. Currently the Board only accepts graduates from schools or colleges of pharmacy accredited by the Accreditation Council for Pharmacy Education (A.C.P.E.).
- Non-Resident Pharmacies. The Board is considering a change in W.S. 33-24-152. Currently non-resident pharmacies have to comply with pharmacy laws in their state of domicile.

Contact the Board's office if you have concerns or questions regarding the proposed topics or if you have a concern that should be addressed.

Tips From The Inspector (Richard Burton, Board Inspector/Compliance Officer)

If the pharmacist has a situation where he or she has to be absent from the pharmacy, whether it be a lunch break, a trip to the bank or an emergency, the prescription department must be locked and kept so until the pharmacist returns and a sign saying – “Prescription Department Closed – No registered Pharmacist on Duty” shall be conspicuously posted. Not required by the board but as a service to your customers or patients, some notation as to the time you expect to return would be appropriate. Pharmacy Rules, Chap 2, Sect 9 (d).

Pharmacy technicians or pharmacy clerks in a retail pharmacy cannot stay in the prescription department in the absence of the pharmacist nor can any pharmacy function be performed by the technician until the pharmacist returns. This includes prescriptions that are ready to be delivered to the customer. In an institutional pharmacy and no supervising pharmacist is in the building, the technician or clerk may remain in the pharmacy but the technician cannot perform any pharmacy functions. Pharmacy Rules, Chap. 10, Sect. 5, b, (i) & (ii).