

SEPTEMBER 2004

New Inspector/Compliance Officer

Richard Burton joined the board's staff on July 19th as the full time board inspector/compliance officer. Richard was born and raised in Oklahoma and obtained a BS degree in pharmacy from the University of Oklahoma. After graduation he entered active duty in the US Air Force serving at bases in Alaska, Texas, Portugal and Oklahoma. A short break in service included employment in the retail sector of pharmacy. In July of 1973 he was commissioned in the US Public Health Service where he served for 15 years before retiring in 1988. Since retirement he has worked numerous locations as a relief or contract pharmacist, 7 years with the Choctaw Nation of Oklahoma and 4 seasons as an interpretive ranger with the National Park Service. Richard and his wife Judy now reside in Casper but still maintain their home in Dayton, WY.

June Board Meeting

Highlights from the June board meeting include:

- The board will consider a change in Chapter 2, Section 14 of the Wyoming Pharmacy Act Rules and Regulations. This involves the validity of prescriptions once the patient/practitioner relationship has been terminated. The board will review proposed changes at their September board meeting.
- Remote Pharmacy Technology. The UW School of Pharmacy presented a proposal for remote pharmacy services in Pine Bluffs. Questions were raised, which need to be reviewed by the board's attorney.
- Prescription Drug Monitoring Program. The board was updated on this program.

- The question as to whether a pharmacist should have the right to refuse to dispense a prescription product because of their personal belief was discussed. It will be brought up for discussion at the September meeting.
- The board approved a listing of approved schools and colleges of pharmacy as authorized under W.S. 33-24-116. The listing of accredited professional programs approved by the Accreditation Council for Pharmacy Education (A.C.P.E.) was accepted as the official listing of schools/colleges of pharmacy, which will be accepted by the board for applicants for licensure as a pharmacist or pharmacy intern.
- Proposed changes in the Wyoming Pharmacy Act. The board reviewed proposed changes in the Wyoming Pharmacy Act, which would affect for resident and non-resident pharmacy licenses. This will be discussed at the September meeting. Sponsors will be identified for introduction of legislation during the next session of the Wyoming Legislature.
- Board's Web Page. The board's web page will be expanded to include license information for resident and non-resident pharmacies as well as manufacturers and wholesalers of both prescription drugs and controlled substances. The target date will be this fall.
- Administration of Immunizations by Pharmacists. This was discussed and the board agreed a change is warranted in the Wyoming Pharmacy Act. The board felt such a change would have a better chance if the Wyoming Pharmacy Association would identify a sponsor for introduction during the next session of the Wyoming Legislature.
- USP General Chapter 797, Pharmaceutical Compounding Sterile Preparations was briefly discussed and will be discussed in more detail at the September meeting.

- Rule-making changes. Pending on the outcome of proposed changes in the Wyoming Pharmacy Act, the board will consider a rule-making notice next spring to address multiple changes in the law. Changes may include the following: rule changes necessary because of change in statute regarding resident and non-resident pharmacies; changes in Chapter 13, Compounding as a result of USP Chapter 797; responsibilities of consultant pharmacists for nursing homes; and manner of issuing prescriptions to residents of nursing homes.

Prescription Drug Monitoring Program (PDMP)

Atlantic Associates of Manchester, New Hampshire will be the board's contractor to collect controlled substance prescription data from all resident and non resident retail pharmacies licensed in Wyoming. All pharmacies should have received a survey and a Wyoming Manual and the survey should have been returned to Atlantic Associates. Atlantic Associates will work with pharmacies and their software vendor in preparation for submission of data. The contact number for Atlantic Associates is (800) 539-3370. The first reporting of data must be completed no later than November 10, 2004 for the time period of July 1-October 31, 2004. Denise Lane has changed her duties with the board's office as of July 2004 and will serve as the records analyst for the PDMP program. She will be your contact for questions regarding this program and will be responsible for managing the data received from Atlantic Associates. She may be contacted as follows: Telephone: (307) 234-0294/ Fax: (307) 473-1055 Email: dlane@state.wy.us The program should be ready to receive requests for solicited patient profiles by late November 2004.

How Can a Monitoring Program (PDMP) Benefit Patients? (David Sy Pharm. D Candidate)

Prescription Drug Monitoring Program (PDMP) is a controlled substance tracking program

implemented by the Wyoming State Board of Pharmacy in July 2004. It functions by pharmacies providing monthly data to the board. The board in turn generates and sends out patient profiles based on certain criteria set by the board. These profiles can be sent to practitioners and pharmacies who are involved with that patient's care. Practitioners can also request their patient's profiles. This tool will enable healthcare professionals to identify those patients who are obtaining prescriptions by misrepresentation. Most often these patients see more than one physician and frequent multiple pharmacies. Some professionals are quick to label these patients as "doctor shoppers" or "pharmacy shoppers", and they immediately deny service to these patients. In busy practices that may seem the most logical answer, but one must consider the possibility that these patients may have legitimate health problems that are leading to this type of behavior.

A phenomenon known as "pseudoaddiction" has come into the light of acceptance in studies over the past years. First introduced by Weissman and Haddox, the term is used to describe patients who exhibit behaviors that are characteristic of addiction but are driven by unrelieved pain. Also included in the description are an escalation of analgesic demands and an exaggeration of symptoms to justify analgesic administration. The pseudoaddiction most commonly arises through a series of three phases. First the initial analgesic prescribed is insufficient (wrong drug, wrong dose, or wrong dose interval) to meet the primary pain stimulus. The patient's demands and behaviors then escalate in an effort to convince others of the pain severity. Finally mistrust develops between the patient and the healthcare professional. The patient feels angry and isolated by the lack of help from the professional, and the patient's behavior escalates to a point of drug seeking behavior. The healthcare professional can easily

label the patient an addict and is reluctant to provide more analgesics in fear of “feeding” that patient’s “addiction”. This is an unfortunate event for both parties involved.

The good news is that pseudoaddiction can be differentiated from true addiction. When adequate pain relief is provided to these patients, the drug-seeking behavior stops, functional status of the patient improves, and the analgesics are not used to cause sedation or euphoria. Treatment required includes a consultation for a diagnosis of pseudoaddiction and proper treatment of the pain. Often times a “pain contract” between a physician and a patient can peel away the mistrust that can often propagate from pain treatment. A pain contract is a tool used by healthcare providers that is a pact between the patient and the provider that states that the patient will exclusively see that provider, and the provider will provide the patient with adequate treatment to the best of the provider’s abilities.

The PDMP is not just another “Big-brother” program. It is a tool that healthcare professionals can utilize to fulfill their responsibilities in their respected fields by providing optimal care to their patients. This program has the capability to identify patients potentially afflicted with pseudoaddiction and the possibility to help them with their pain problems regarding the under-utilization of analgesics.

Special Notice about This Newsletter

The *Wyoming Board of Pharmacy News* had been designated as the official method of notification to pharmacists and pharmacy technicians licensed by the Wyoming Board of Pharmacy. Please read these newsletters and keep them for future reference. These newsletters will be used in hearings as proof of notification. Newsletters are available for review on the Board’s web page (<http://pharmacyboard.state.wy.us>).