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The Need for Telepharmacies in Wyoming

By Bree Bertz, PharmD Candidate

According to the Wyoming Pharmacy Act 33-24-101, a telepharmacy means "a site located within a medical clinic or community health center that is remote from but under the active control and supervision of a licensed pharmacist, and that is staffed during hours of operation by a certified pharmacy technician or registered pharmacy intern." How many small rural medical clinics or community health centers do we have in Wyoming? And how many telepharmacies do we have in Wyoming?

There are many rural medical clinics scattered throughout the state; however, Wyoming only has one telepharmacy located in Pine Bluffs, WY, in the southeast corner of the state. Take Laramie County for example, where the population is a little over 85,000 people. Cheyenne, WY, itself has a population of around 65,000 people. This leaves approximately 20,000 Wyomingites located within Laramie County alone without access to any pharmacy services. These citizens are left with few options for medication: drive a long distance on Wyoming highways, sign up for mail-order pharmacy services, or do not take any medications at all. The last choice is obviously not a choice we as health care providers would like to see any of our patients choose. The first can be a feasible option, but do not forget about winters in Wyoming and how poor the road conditions can be. Mail-order pharmacies also pose another choice; however, this takes revenue away from local businesses and can ultimately force the independent pharmacy stores to have to close their doors.

Hoy's Telepharmacy, in the southeastern corner of the state, provides pharmacy services to more than four rural towns in Wyoming as well as two small communities in western Nebraska. An interview with CiCi Mohren, CPhT, of Hoy's Telepharmacy shed some light on the operations of the telepharmacy. Hoy's telepharmacy is open Monday through Friday from 10 AM to 4 PM. Medications are delivered from Hoy's parent pharmacy in Cheyenne through the post office at 9:30 AM daily. CiCi fills around 500 prescriptions in a month, about half of which are refill prescriptions for chronic medical conditions such as hypertension, cholesterol, thyroid, etc. As more and more people are finding out about the existence of the telepharmacy in the Pine Bluffs Medical Clinic, CiCi explained that she has been seeing many more transfer requests to the telepharmacy. When asked how she likes what she does, CiCi said that she enjoys getting to know her customers on a personal level and likes being in a clinic with the physicians and nurses as they all work closely together and learn so much from each other.

A study conducted by Freisner, et al. published in 2009 regarding patient satisfaction in rural community telepharmacies concluded that patients valued accessing pharmacy services locally at a telepharmacy over traveling outside of their community to a retail pharmacy. Another study conducted by the same gentleman published in 2011 regarding the North Dakota Telepharmacy Project and medication error rates in North Dakota telepharmacies versus traditional retail pharmacies showed that medication error rates in the telepharmacies were similar to those seen in traditional retail pharmacies and both were well below the national average. This goes to show that our patients are receiving excellent care as well as safe and efficient care when filling their prescriptions at a telepharmacy.

Wyoming is a very rural state with a very rural population and much of our fellow citizens are left without access to pharmacy services. We need more telepharmacies in Wyoming to help serve those who live in the country and may not have any access to their medications. With patients as our number one priority, providing them with access is the first step in helping improve their health and well-being.

Use of Stickers on Controlled Substance Prescriptions

Chapter 6, Section 5(b)(v) , Rules and Regulations, Wyoming Controlled Substances Act states "(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 circumstances may stickers be utilized for information relating to patient name, drug, strength, quantity or directions."** The use of stickers has become an issue in Wyoming and pharmacists are reminded that both federal and state law require the patient's name to be handwritten or typed on the prescription for a controlled substance. The sticker can be used for extra information but the patient's name must be permanent.

Carisoprodol Now a Schedule IV Drug

By Bret Barnes, PharmD Candidate

The centrally acting muscle relaxant, carisoprodol, which has been marketed since 1959, became a controlled substance at the federal level on January 11, 2012. A few states already had carisoprodol listed in their Controlled Substances Act as a C-IV drug, including Wyoming who accepted carisoprodol as a C-IV on July 1, 2011. Other states that had it scheduled at the state level prior to the federal law passing were Alabama, Arizona, Arkansas, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Nevada, New Mexico, Oklahoma, Oregon, Texas, Utah, Washington, and West Virginia.

Carisoprodol is metabolized to meprobamate, which is a controlled substance that has sedative effects resembling those of barbiturates

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FDA Recommends Use of Sterile Needle and Syringe for Administration of Inactivated Influenza Vaccines

Food and Drug Administration (FDA) recommends that health care providers use a sterile needle and syringe to administer inactivated influenza vaccines. The recommendation was released in response to questions regarding the use of jet injector devices to administer inactivated influenza vaccines. FDA advises that "inactivated influenza vaccines that are approved by FDA have information in their labeling stating how the vaccines should be administered, such as, by intramuscular (IM) or intradermal (ID) administration." Further, FDA clarifies its October 21, 2011 communication "to inform the public that inactivated influenza vaccines labeled for IM injection are intended for administration using a sterile needle and syringe. There is one inactivated influenza vaccine labeled for ID administration, this vaccine is supplied in its own pre-filled syringe. The live attenuated influenza vaccine is given through the nose as a spray; the sprayer is not a jet injector." FDA also notes the following:

- Currently, there is only one vaccine, Measles, Mumps, and Rubella (MMR), that is approved and specifically labeled for administration by jet injector.
- Safety and effectiveness information that would support labeling inactivated influenza vaccines for delivery by jet injector have not been submitted to FDA.
- At this time, there are no inactivated influenza vaccines that are approved and specifically labeled by FDA for administration by jet injector.

FDA recommends that all approved vaccines, including influenza, be administered in accordance with their approved labeling, and FDA advises that if a vaccine has been approved for administration with a jet injector, information specifically addressing vaccine use with a jet injector will appear in the vaccine labeling. Additional background information is available in the communication posted on the FDA Web site at *www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm276773.htm.*

The Centers for Disease Control and Prevention continues to encourage people to get vaccinated throughout the flu season, which can begin as early as October and last as late as May. For information about the flu vaccine visit *www.cdc.gov/flu.*

'Tell Back' Works Best to Confirm Patient Understanding

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. *ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at* www.ismp.org. *ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.*

In the past few years, multiple studies have demonstrated that patients often leave medical encounters with a poor understanding of their health conditions and recommended treatment. One recent study on this subject demonstrates the low level of understanding patients have about follow-up care and medication therapy upon discharge from the emergency department (Engel KG et al. Patient Comprehension of Emergency Department Care and Instructions: Are Patients Aware of When They Do Not Understand? Ann Emerg Med. Available on the journal Web site).

Given the importance of patient understanding of medical information, there are surprisingly few studies that point out how to approach this task. However, a study published in 2008 offers some insight into what approach to assessing understanding of medical information patients most prefer and perceive to be the most effective (Kemp EC, et al. Patients Prefer the Method of "Tell Back-Collaborative Inquiry" to Assess Understanding of Medical Information. J Am Board Fam Med 2008;21(1):24-30). Researchers tested three types of inquiry about the patient's understanding:

- Yes-No
- Tell Back-Directive
- Tell Back-Collaborative

The Yes-No approach asked closed-ended questions to assess patient understanding. (Example: "I've given you a lot of information. Do you understand?") The Tell Back-Directive method used open-ended questions that were physician-centered and paternalistic in that it was clear authority and control still remained with the physician. (Example: "It's really important that you do this exactly the way I explained. What do you understand?") The Tell Back-Collaborative approach used open-ended questions that were patient centered, making it clear that power and responsibility were shared between the health care provider and patient. (Example: I imagine you are really worried about your blood pressure. I've given you a lot of information. It would be helpful to me to hear your understanding about your clot and its treatment.)

Patients showed a significant preference for the Tell Back-Collaborative inquiry over other tested approaches. Because of the potential for embarrassment if patient misunderstandings are exposed, one might anticipate health care providers' reluctance to put patients "on the spot" with open-ended questions. But a collaborative approach to Tell Back allows the patient to save face for misunderstandings by acknowledging the large amount of information being provided. Patients might also view the request for Tell Back as evidence of the health care provider's care and concern for them personally, or evidence of the provider's attention to detail and competence. So, when counseling patients about their medications, instead of asking "Do you have any questions?" or "Do you understand?" ask them to restate their understanding of the information you provided in their own words within a shame-free, blame-free environment.

DEA Clarifications on Certification Process for Audits of EPCS Software

Drug Enforcement Administration (DEA) emphasizes that third-party audits of software applications for Electronic Prescriptions for Controlled Substances (EPCS) must encompass all applicable requirements in DEA regulations, including security, and must address "processing integrity" as set forth in the regulations. Further, DEA recommends that where questions or gaps may arise in reviewing a particular applica-

tion, federal guidelines set forth in National Institute of Standards and Technology Special Publication 800 – 53A should be consulted. DEA has also announced the first DEA-approved certification process for EPCS. Certifying organizations with a certification process approved by DEA pursuant to the regulations are posted on DEA's Web site at *www.deadiversion.usdoj.gov/ecomm/e_rx/thirdparty.htm#approved*. Detailed background information is provided in the Federal Register Notice, available for download at *www.gpo.gov/fdsys/pkg/FR-2011-10-19/pdf/2011-26738.pdf*.

'Script Your Future' Provides Tools and Outreach to Encourage Medication Adherence

United States Surgeon General Regina Benjamin called upon pharmacists, physicians, nurses, and other health care providers to talk with their patients about the importance of taking medications as directed to help prevent serious health complications at the recent launch of the national campaign, "Script Your Future." Benjamin also "encouraged patients with chronic conditions to speak with their health care professionals about their medication" as noted in a press release. A survey released by the National Consumer League, the organization that developed Script Your Future, indicates that "patients who do not always take their medication as directed are less likely to have received a full explanation of the consequences of their condition, and are less convinced of the importance of adherence." The Script Your Future campaign is targeting six regional areas with outreach activities and advertising, and more information is available at *www.ScriptYourFuture.org*. The campaign brings together "stakeholders in health care, business, and government to offer practical tools for patients to help them better adhere to their medication, and to help health care professionals better communicate with patients." More information about the campaign is available in a press release at *www.prnewswire.com/news-releases/us-surgeon-general-joins-baltimore-launch-of-the-national-script-your-future-campaign-to-highlight-importance-of-taking-medication-as-directed-133077423.html*.

FDA Releases 'Use Medicines Wisely' Video

FDA Office of Women's Health has released a new public service announcement (PSA) video titled, "Use Medicines Wisely," to help raise awareness about safe medication use. As stated in an FDA news release, "Millions of people benefit from FDA approved medications and are living longer productive lives. However, when medications are used incorrectly, they can cause serious injuries, even death. Many of these injuries can be prevented."

The video shows simple steps women can take to use medications wisely. Viewers are reminded to:

- Make a list of the medications they take
- Keep their medication list with them at all times
- Know the name of each medication, why they are taking it, how much to take, and when to take it
- Talk with their doctor, nurse, or pharmacist to find out how to safely use their medications

In addition to the video, a medications record-keeper, fact sheets, and other safe medication use resources are available on the FDA Web site.

Training Video Provides Tips on Preventing Pharmacy Robbery

Rx Pattern Analysis Tracking Robberies and Other Losses (RxPATROL) has released a training video discussing pharmacy robbery and how to prevent it. The video features a pharmacist and law enforcement liaison as they tour a pharmacy, evaluating security measures and discussing additional steps that can be taken to prevent robbery. RxPATROL is an initiative designed to collect, collate, analyze, and disseminate pharmacy theft intelligence to law enforcement throughout the nation. RxPATROL is designed to gather and disseminate critical information to help protect pharmacists, guard against potential robberies, and assist law enforcement in their efforts to successfully apprehend and prosecute those involved in controlled substance pharmacy crime. The training video can be accessed on the RxPATROL Web site at *http://rxpatrol.org/TrainingVideos.aspx*.

Nearly 20 Products Marketed as Natural Supplements Contain Sibutramine, FDA Warns

FDA has posted public warnings regarding 19 products, frequently marketed as natural supplements, and found to contain sibutramine, a controlled substance that was removed from the US market in October 2010 for safety reasons. These products pose a threat to consumers because sibutramine is known to substantially increase blood pressure and/or pulse rate in some patients and may present a significant risk for patients with a history of coronary artery disease, congestive heart failure, arrhythmias, or stroke. These products may also interact in life threatening ways with other medications a consumer may be taking. FDA warnings included products marketed as "Slender Slim 11," "Dream Body Slimming Capsule," "Acai Berry Soft Gel ABC," and 16 other product names. The products included in the warnings are being sold on Web sites and in some retail stores. FDA advises consumers not to purchase or use the products listed in the warnings. Consumers who have purchased any of these products should stop use immediately. And if consumers have experienced any negative side effects from using these products, they should consult a health care provider as soon as possible. The complete list of warnings is available on the FDA Web site at *www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/MedicationHealthFraud/ucm234592.htm*.

2012 Survey of Pharmacy Law Now Available

Serving as a convenient reference source for individuals seeking an overview of the state laws and regulations that govern pharmacy practice, the updated 2012 *Survey of Pharmacy Law* is now available and can be purchased online for $195 by visiting the NABP Web site at *www.nabp.net/publications*.

The *Survey,* produced in a CD format, consists of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Newly added this year, a question in Section 17, Wholesale Distributor Licensure Requirements, asks which state agency has regulatory authority over medical device distributors. In addition, a newly added question in Section 22, Electronic Transmission of Prescriptions: Computer-to-Computer, asks whether the state allows electronic prescribing of controlled substances.

Updates for the 2012 *Survey* were graciously provided by the state boards of pharmacy. In addition to the boards' support, NABP requested data from relevant health care associations for the *Survey's* prescribing authority and dispensing authority laws in Sections 24 and 25, and laws pertaining to the possession of non-controlled legend drugs and possession of controlled substances in Sections 26 and 27.

All final-year pharmacy students receive the *Survey* free of charge through the generous grant of Purdue Pharma L.P.

For more information on the *Survey,* please contact Customer Service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

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and alcohol. With the combined effects of carisoprodol's mechanism of action, and the side effects from the metabolite meprobamate, this medication has become widely abused. According to the *Diversion Drug Trends Report,* published by Drug Enforcement Administration (DEA) on the trends in the diversion of controlled and non-controlled pharmaceuticals, carisoprodol continues to be one of the most commonly diverted drugs. It is normally abused in combination with other medications. DEA coined a drug cocktail term, "Holy Trinity," for one of the combinations carisoprodol is used in. This concoction contains a muscle relaxant (carisoprodol), preferably an opioid analgesic (hydrocodone/oxycodone), and a benzodiazepine (Xanax®/Valium®). The benzodiazepine and carisoprodol act as "opiate potentiators" and enhance the euphoric high the user experiences. It is described as a "heroin high."

In 2011, the Wyoming Prescription Drug Monitoring Program database had 13,204 prescriptions for carisoprodol and 57,373 prescriptions for tramadol dispensed to Wyoming patients.

Disciplinary Actions

Note: all fines are payable to the county treasurer where the action occurred for the credit of the public school fund in that county pursuant to Wyoming Statute §33-24-113(f).

A.S. Pharmacy Technician License #1845T. Conviction of a misdemeanor involving moral turpitude. Two-year suspension of license stayed and placed on probation with Wyoming Professional Assistance Program monitoring agreement.

M.R. Pharmacist License #3047. Letter of admonition for dispensing a recalled drug. Order: complete five additional hours of continuing education and present a plan to quarantine recalled products separate from regular items to be returned.

Retail Pharmacy License #R10037. Failure to report controlled substance prescriptions to the Wyoming Prescription Drug Monitoring Program. Order: submit a plan to prevent future problems, administrative penalty of $2,000.

Focus of Inspections in 2012

By Hank York and Richard Burton, Compliance Officers

- Review of self-inspection forms sent to pharmacists-in-charge in November 2011.
- Quarantine of recalled medications separate from other items to be returned.
- Precautions being taken against employee pilferage and other controlled substance security issues.
- Reconciliation processes for controlled substance perpetual inventory must be clear and accurate.
- What happens if a medication error is discovered?
- Compounding records including competency.
- Impact of drug shortages and counterfeit drugs – what are pharmacies doing?
- Institutional compliance to Chapter 17, Sterile Compounding, required as of January 1, 2012.
- Institutional pharmacy after hours remote order entry.

Herpes Zoster Vaccination Recommendations

The Centers for Disease Control and Prevention (CDC) recommends a one-time vaccination for people 60 years old and older to prevent shingles regardless of whether they recall having had chickenpox or not. Food and Drug Administration has approved the vaccine for patients 50 years of age and older, but the Advisory Committee on Immunization Practices is not issuing a recommendation for routine use of zoster vaccine in adults ages 50 through 59 years. The risk of getting shingles and having prolonged pain after shingles is much lower than for people 60 years and older. At the December 2011 Wyoming State Board of Pharmacy meeting a motion was made and passed: "A Wyoming pharmacist who is registered to provide immunizations may administer Zoster vaccine to patients under 60 years of age if prescribed by a practitioner. A pharmacist may not prescribe and administer Zoster vaccine to patients under 60 years of age unless the CDC changes its recommendation." The more strict recommendation should be followed when the CDC and manufacturer recommendations do not match. Chapter 16, Section 5, Wyoming Pharmacy Act Rules and Regulations states that immunizations authorized are listed in the CDC's Recommended Adult Immunization Schedule, which can be found at CDC's Web site, *www.cdc.gov.*

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