



Wyoming State Board of Pharmacy

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Pharmacists Celebrating Their Golden Anniversary of Wyoming Licensure

During calendar year 2009, the following pharmacists completed their 50th year of continuous licensure in Wyoming. They will be honored at the 93rd Annual Convention of the Wyoming Pharmacy Association (WPhA) in June 2010. Congratulations and thank you for your service. Jack Kvale (1496), Joseph Martino (1490), Larry Price (1494), and Daniel Bertelli (1492).

Continuing Education Audit of 2009

By Michelle Carbaugh, PharmD Candidate

It is a legal obligation for technicians and pharmacists to remain current on their continuing education (CE). A random audit is performed every year to make sure that technicians have six contact hours and that pharmacists have 12 contact hours. These records should be maintained for two years. During this year's audit additional data was collected on what topics people are choosing and the sources they are utilizing.

Common Reasons Why Submitted CE Hours Were Rejected

- ◆ Not signed by an Accreditation Council for Pharmacy Education (ACPE) provider
- ◆ Not taken during correct year (2009)
- ◆ Were from an invalid source

The Sources of CE as Stated in Wyoming Pharmacy Act Rules and Regulations

Pharmacists (Chapter 6, Section 9):

- ◆ Accredited ACPE providers
- ◆ CPR certification from the American Red Cross or the American Heart Association (AHA)
- ◆ Advanced cardiac life support certification from the AHA
- ◆ Pediatric advanced life support certification from the AHA
- ◆ Tripartite Committee programs of Wyoming
- ◆ American Medical Association Physician's Recognition Award Category 1 Continuing Medical Education program by an accredited provider

Technicians (Chapter 10, Section 11):

- ◆ Employer: use format on the Wyoming State Board of Pharmacy Web site and it needs to be signed by pharmacist-in-charge
- ◆ Pharmacy Technician Certification Board (PTCB)-approved hours: use form on PTCB Web site; also on Board Web site
- ◆ American Pharmacists Association (APhA)-approved hours

- ◆ Accredited ACPE providers
- ◆ WPhA-approved hours

Ways to Avoid CE Audit Rejections

- ◆ Make sure that the CE was actually taken in the correct year
- ◆ Print off the individual certificates
- ◆ Each individual certificate should be signed
- ◆ Make sure the CE is from an accepted source

Summary of Data Collected from Pharmacist 2009 Audit

Source	Number of Credit Hours	Percentage of Total
ACPE: Other	350.5	23.6%
ACPE: RPh Letter	259	17.4%
ACPE: Power Pak	256	17.2%
ACPE: Schools	177	11.9%
ACPE: APhA	161	10.8%
ACPE: Pharmacy Times	107	7.2%
ACPE: US Pharmacist	104	7%
ACPE: ASHP	33	2.2%
Tripartite	31	2.1%
Other	8.5	0.6%
Total	1,487	100%

Summary of Data Collected from Technician 2009 Audit

Source	Number of Credit Hours	Percentage of Total
ACPE: Power Pak	150	59.8%
ACPE: RPh Letter	33	13.2%
WPhA	24.5	9.7%
Employer	24	9.5%
ACPE: Other	10	0.4%
PTCB	9	0.4%
Total	250.5	100%

NABP

Celebrating
30 Years of
Pharmacy
News

30

1980-2010



National Pharmacy

(Applicability of the contents of articles in the National Pharmacy Compendium and can only be ascertained by examining the original article.)

JCPP 'Future Vision' Sets Course for Advancement of Pharmacy Practice

The Joint Commission of Pharmacy Practitioners (JCPP) brings together the chief executive and chief elected officers of national pharmacy associations, including NABP, to create a forum for discussion and opportunity for collaborative work on issues and priorities of pharmacy practice. Established in 1977, the JCPP meets quarterly and forms workgroups that focus on priority projects. The JCPP has facilitated strategic planning efforts that have shaped positive change in the practice of pharmacy for more than 30 years, and will continue to influence pharmacy practice through its vision articulated in "Future Vision of Pharmacy Practice."

Past Impact

Recommendations resulting from JCPP conferences and quarterly meetings have been aimed to ensure public health and safety by optimizing the medication use process. Working collaboratively through the JCPP, leaders in the profession "acknowledged that the focus of pharmacy must move beyond the important but narrow aspect of 'right drug to the right patient' and encompass the responsibility for assuring that appropriate outcomes are achieved when medications are part of a patient's individual treatment plan." This perception of the function and responsibility of pharmacy practice helped to facilitate changes such as the shift to a universal doctoral level of education, and practice and legal changes that have helped pharmacists to increase their scope of services.

Also as a result of JCPP collaborations, coalitions among pharmacy organizations and other stakeholders have been formed, and have helped to shape new state and national legislation and regulations. For example, JCPP coalitions helped influence changes that resulted in Medicare's prescription drug benefit requirement for medication therapy management services as of 2006.

Future Impact

Through the "Future Vision of Pharmacy Practice," adopted by JCPP member organization executive officers in 2004, the JCPP will continue to influence positive change in the practice well into the next decade. The JCPP "Future Vision of Pharmacy Practice," endorsed by each JCPP member organization's board of directors, envisions what pharmacy practice should look like in 2015, as summarized in the document's opening statement: "Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes."

In his incoming speech at the NABP 105th Annual Meeting in May 2009, President Gary A. Schnabel, RN, RPh, endorsed the future vision outlined in the JCPP "Future Vision of Pharmacy Practice," stating, "As boards of pharmacy, I feel that it is also imperative for us to embrace this future vision, and through our statutes and regulations define and advance that vision in the context of patient care and protection of the public health . . . If the boards of pharmacy can provide the regulatory environment that fosters the vision on behalf of the patient and the protection of the public health, then this collective vision of practitioners and regulators will serve as one of the pillars of a new foundation for the practice of pharmacy first proposed some 30 years ago and discussed ad nauseam every year since those words were first spoken and captured in the pharmacy journals."

The 2015 future vision is detailed in the document in three sections: the foundations of pharmacy practice, how pharmacists will practice, and how pharmacy practice will benefit society. The first section outlines the foundations of pharmacy education that prepares pharmacists

"to provide patient-centered and population-based care that optimizes medication therapy." The second section explains that the pharmacist's scope is to include managing medication therapy, accounting for patients' therapeutic outcomes, and promoting patient wellness. The section also emphasizes that as they work with other health care professionals, pharmacists will be the most trusted source of medications and supplies, and the primary resource for advice regarding medication use. Finally, the last section stresses that, by realizing the expanded scope of their practice, pharmacists will achieve public recognition as practitioners who are essential to providing effective health care.

In January 2008, the JCPP released the final version of "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice," which identifies three critical areas for initial focus as it works toward achieving the vision. JCPP anticipates more discussions to help align the action steps of the implementation plan and the policies of participating organizations. Thus, in keeping with the organization's mission, JCPP continues to implement its initiatives, including the "Future Vision of Pharmacy Practice," through the collaborative efforts it fosters.

The JCPP's "Future Vision of Pharmacy Practice" and "An Action Plan for Implementation of the JCPP Future Vision of Pharmacy Practice" can be downloaded from the National Alliance of State Pharmacy Associations' Web site at www.naspa.us/vision.html.

ISMP Stresses Need to Remove Non-Metric Measurements on Prescriptions and on Patient Labels to Prevent Error



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 a 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.

ISMP is calling upon prescribers, pharmacists, and other health care professionals, as well as pharmacy computer system and e-prescribing system vendors, to remove or prevent the use of "teaspoonful" and other non-metric measurements in prescription directions in order to better protect patients.

In the past, mix-ups involving confusion between measuring medications in milliliters or teaspoonfuls and other non-metric measurements have resulted in the serious injury of children and adults.

These mistakes continue to happen. ISMP has received more than 30 reports of milliliter-teaspoonful mix-ups, including cases where injuries required treatment or hospitalization. In one case, a child who recently had surgery was seen in an emergency department and later was admitted with respiratory distress following an unintentional overdose of acetaminophen and codeine liquid. The pharmacy-generated label on the child's medication bottle instructed the parents to give the child six



teaspoonfuls of liquid every four hours. The original prescriber stated the prescription was for 6 mL. The child received five doses before arriving at the emergency department.

In a second case, a child received an overdose of the antifungal medication Diflucan® (fluconazole) suspension. The physician phoned a prescription for Diflucan 25 mg/day to a community pharmacy for a three-month-old child with thrush. The pharmacist dispensed Diflucan 10 mg/mL. The directions read "Give 2.5 teaspoons daily." The directions should have read "Give 2.5 mL daily." Prior to the error, the child had been ill for the previous three weeks with an upper respiratory infection, nausea, vomiting, and diarrhea. It is suspected that the child's subsequent hospitalization was related to this error.

ISMP Safe Practice Recommendations

The health care industry – including practitioners and computer vendors – needs to acknowledge the risk of confusion when using non-metric measurements, especially with oral liquid medications. Steps, like the following ISMP recommendations, must be taken to prevent errors:

- ◆ Cease use of patient instructions that use "teaspoonful" and other non-metric measurements, including any listed in pharmacy computer systems. This should include mnemonics, speed codes, or any defaults used to generate prescriptions and labels.
- ◆ Express doses for oral liquids using only metric weight or volume (eg, mg or mL) – never household measures, which also measure volume inaccurately.
- ◆ Take steps to ensure patients have an appropriate device to measure oral liquid volumes in milliliters.
- ◆ Coach patients on how to use and clean measuring devices; use the "teach back" approach, and ask patients or caregivers to demonstrate their understanding.

The *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy's (Model Act)* labeling provisions state that the directions of use language should be simplified, and when applicable, to use numeric instead of alphabetic characters such as 5 mL instead of five mL. The *Model Act* also provides for the pharmacist to personally initiate counseling for all new prescriptions, which can decrease patient injuries due to improper dosing.

Clarification on HIPAA Regulations and Claims Submission

NABP received questions about a statement that appeared in the article, "Concerns with Patients' Use of More than One Pharmacy," published in the 2009 fourth quarter *National Pharmacy Compliance News* which read, "Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient."

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.501) establishes a foundation of federal protection for personal health information with which health care practitioners must comply. To avoid interfering with a patient's access to, or the efficient payment of quality health care, the privacy rule permits a covered entity, such as a pharmacy, to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities. The rule includes the determination of eligibility or coverage and utilization review activities as examples of common payment activities, therefore allowing a pharmacist to submit cash claims. Additional information may be found at www.hhs.gov/ocr/

[privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html](http://www.nabp.net/privacy/hipaa/understanding/coveredentities/usesanddisclosuresfortpo.html).

Pharmacists should, however, verify with their state boards of pharmacy as to whether there are existing state laws that prohibit this practice.

State Newsletter Program Celebrates 30 Years of News on Pharmacy Regulation

This year, the NABP State Newsletter Program celebrates its 30th anniversary of partnering with the boards of pharmacy to provide pharmacists with vital information about their state's pharmacy laws and regulations.

The State Newsletter Program, which is part of the NABP Foundation, was developed to support the Association's educational programs and research and development projects. Published on a quarterly basis, the program serves the state boards of pharmacy by communicating board information to pharmacists, pharmacy technicians, pharmacies, and others throughout the pharmacy profession.

The goal of the State Newsletter Program was, to improve communications with practitioners regarding federal and state law, this allowing them to comply with the law on a voluntary basis, demonstrating that an informed and responsible professional is one of the most effective means of protecting the public health.

In addition to the news provided by the boards of pharmacy, a copy of the *National Pharmacy Compliance News* is included in each issue. Published quarterly by NABP, *National Pharmacy Compliance News* provides important news and alerts from the federal Food and Drug Administration, Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, Consumer Product Safety Commission, and ISMP, as well as current national developments affecting pharmacy practice.

Using *National Pharmacy Compliance News*, merged with locally developed state news, a total of 16 states joined the program in its original summer 1979 publication, including 13 states that still participate today: Arizona, Arkansas, Delaware, Idaho, Kansas, Kentucky, Montana, Minnesota, North Carolina, Ohio, Oregon, South Carolina, and Washington.

Today, 31 states participate in the program. Of these, 18 state boards of pharmacy publish electronic newsletters rather than printed newsletters. The e-newsletter option was implemented in 2004, and has allowed boards with limited resources the opportunity to communicate important board information in a timely and cost-effective manner. State e-newsletters are posted on the NABP Web site rather than published by a printer; the board may also post the Newsletter to their Web site.

In 2006, the e-newsletter portion of the program was enhanced and NABP began offering the boards an e-mail alert service. The e-newsletter e-mail alert service, which consists of an e-mail notification that is sent through a state-specific e-mail database, is provided free of charge to participating state boards of pharmacy. Each alert notifies recipients that the e-newsletter is now available to download and provides a link to access the board's newsletter. The Arizona State Board of Pharmacy was the first state to utilize this free service, and now the number of participating boards has grown to 12 states.

All NABP Foundation State Newsletters, including a copy of the *National Pharmacy Compliance News*, are available on the NABP Web site at www.nabp.net. Please note, years prior to 2000 are only available in hard copy form, and therefore, cannot be downloaded online. For more information about the NABP State Newsletter Program, contact custserv@nabp.net.

The Last Independent Pharmacy in Casper Closes

By Monica Schmitz, PharmD Candidate

On January 15, 2010, Bi-Rite Pharmacy, the last independent pharmacy in Casper, WY, closed for business. The store has been open for over 60 years and will remain open as a variety and liquor store. Floyd and Iris Harnagel, both pharmacists, are the proud owners and operators of Bi-Rite. Floyd joined the store in 1952 and hired Iris in 1964. The pharmacists were married the following year. During Floyd's career, he served on the Wyoming State Board of Pharmacy for many years and after serving as WPhA president in 1976 was honored with the Bowl of Hygeia award in 1979. Iris served as the president of WPhA in 1990, was honored as the pharmacist of the year in 1992, and received the Bowl of Hygeia award in 1993. Floyd and Iris have hung up their white coats after many years of excellent service and we wish them the best.

Board Web Site Updated

Improvements to the Board Web site at <http://pharmacyboard.state.wy.us> have been completed. The new look includes pictures of the Board members and staff. The documents posted were all reviewed and revised and the *Newsletters* are now available to review. Eric Saul of Saulid Solutions in Casper, WY, is the Webmaster.

Board of Pharmacy Meets with Board of Medicine

Members of both the Board of Pharmacy and the Wyoming Board of Medicine met together on January 29, 2010, to discuss issues of mutual interest. Among the topics were sterile compounding, immunizations by pharmacists, prescription drug monitoring program, e-prescribing, long-term care, multiple prescriptions written on one blank, controlled substance registrations, self-prescribing, prescriber-pharmacist communication, office dispensing, and possible inclusion of carisoprodol and tramadol as scheduled controlled substances. Discussion was held about possible forgeries or dangerous prescriptions when the pharmacist may need to keep the prescription blank rather than returning it to the patient. The Board of Medicine in Wyoming issues a general medical license and the pharmacist may not know of specialty training when questions arise as to the prescriber's scope of practice. Wyoming Pharmacy Act Rules Chapter 2, Section 16 states "a prescription written outside the scope of practice of the prescribing practitioner shall not be considered a valid prescription." For example, a dentist cannot prescribe oral contraceptives but could prescribe nicotine replacement for tobacco cessation. A patient-physician relationship must exist. The Wyoming Medical Practice Act states in **W.S. §33-26-402** Grounds for suspension; revocation; restriction; imposition of conditions; refusal to renew or other disciplinary action (annotated).

- (a)(xi) Except as permitted by law, repeatedly prescribing or administering, selling or supplying any drug legally

classified as a narcotic, addicting or scheduled drug to a known abuser;

- (xii) Repeatedly prescribing, selling, supplying or administering any drug legally classified as a narcotic, addicting or scheduled drug to a parent, spouse or child of the applicant or licensee, or to himself;
- (xiii) Presigning blank prescription forms;

When questions arise both boards agree that communication should take place and the pharmacist should document any information that is discussed.

Online Renewals Successful

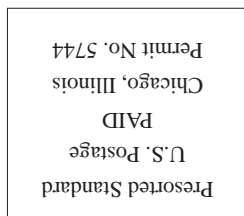
Pharmacists completed the third year of online license renewals in December 2009 with an 81.5% success rate (921 out of 1,130 pharmacists). Pharmacy technicians had an amazing success rate of 78% (392 out of 500 technicians) for the **first** time using the state of Wyoming online renewal. The Board thanks everyone for this process change, helping make progress toward "going green." As a reminder, the Wyoming Pharmacy Act Rules Chapter 2, Section 8: (g) states "All licenses and certificates issued by the Board shall be displayed in a prominent place within the facility and always in view to the public." The Board compliance officers will be checking licenses during the routine random pharmacy inspections. If you cannot locate your original wall certificate signed by the Board (not the annual renewal card), you can order a duplicate from the Board office (BOP@wyo.gov). Wyoming Pharmacy Act Chapter 2, Section 25 (b) (xiv) states:

Duplicate licenses may be issued upon request when licensee's name changes or the license becomes damaged or destroyed. There shall be a twenty-five dollar \$25.00 fee charged for the duplicate license.

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