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Wyoming State Board of Pharmacy News

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New Board Member

The Wyoming State Board of Pharmacy would like to welcome its newest Board member, Bessie S. McGirr. Bessie is originally from Shoshoni, WY. She currently works as a pharmacist in Casper, WY, at Emissary Pharmacy & Infusion Services. She does not have many hobbies outside of some occasional golfing, due to lots of hard work and long hours. Bessie has been practicing pharmacy since 1976, and has a deep interest in long-term care. She would like to use her time on the Board as an opportunity to assist with future revisions in long-term care.

Governor Matt Mead re-appointed John McPherson, DDS, and Robert J. "Rick" Davis, MD, to the Board for additional six-year terms. The Board would like to thank Jennifer Nevins, RPh, and Gary Norwood, DVM, for their commitment and service and wish them well as they retire from the Board.

New officers were elected in March 2011 as follows: Terry Carr, RPh, president, Randy Harrop, RPh, vice president, and John McPherson, DDS, secretary-treasurer.

Tramadol and Carisoprodol to Become Schedule IV in Wyoming

By Jonathan Beattie, PharmD Candidate

On July 1, 2011, tramadol and carisoprodol will become Schedule IV controlled substances in Wyoming. Wyoming is the fifth state to make tramadol a controlled substance and the fifthteenth state to schedule carisoprodol. Surrounding states, Colorado, Idaho, Montana, Nebraska, and South Dakota currently do not have tramadol or carisoprodol listed as scheduled medications. Utah has classified carisoprodol as a Schedule IV controlled substance, while tramadol is not a controlled substance.

In 2010, Wyoming pharmacies filled 49,239 prescriptions of tramadol and 12,883 prescriptions of carisoprodol. Both medications are already reported to the Wyoming State Board of Pharmacy as part of the Prescription Drug Monitoring Program that collects Schedule II through IV controlled substance prescription information from retail pharmacies that dispense to Wyoming residents. Since both medications are already being monitored, it seems like not much will change in the day-to-day practice of prescribing and dispensing both of these medications. However, pharmacies need to be aware that these prescriptions will now need to follow the Wyoming Controlled Substances Act, Rules and Regulations requirements for a controlled substance prescription, which include:

- Prescriptions must be on security paper.
- Prescriptions shall be dated as of, and signed on, the day when issued and shall bear the full name, address, telephone number, and Drug Enforcement Administration (DEA) registration number of the issuing practitioner.
- Prescribers need a valid controlled substance registration to prescribe.
- Prescriptions cannot be filled or refilled more than six months after the date on which such prescription was issued.
- Prescriptions cannot be refilled more than five times.
- A prescription may be transferred only one time, with that transfer being from the pharmacy where the prescription was originally filled. It shall not be further transferred by, or to, any other pharmacy.

Prescriptions are transferred from pharmacy to pharmacy and from state to state all the time. Remember, tramadol and carisoprodol are not scheduled medications in all states. If you are taking a tramadol or carisoprodol transfer with multiple refills from another state, make sure to notify the pharmacy and patient that the prescription cannot be transferred back according to Wyoming law.

Recent Disciplinary Actions

D.L., pharmacist license #3290. Failure to follow Chapter 9, Section 4 of the Wyoming Pharmacy Act Rules and Regulations, resulting in early refills of controlled substances. Letter of admonition. Order: submit a plan, three hours of additional continuing education on prescription drug abuse, administrative penalty of $1,000.

E.F., pharmacist license #3338. As pharmacist-in-charge, failed to follow Chapter 2, Section 9 of the Wyoming Pharmacy Act Rules and Regulations, resulting in an unlicensed pharmacy technician working. Letter of admonition. Order: submit a plan.

WY Resident Retail Pharmacy, license #R10006. Failure to ensure valid licensure of a pharmacy technician as required by Wyoming Pharmacy Act Rules and Regulations Chapter 2, Section 9. Administrative penalty of $2,000. Submit a plan for prevention.

H.S., pharmacist license #2806. Suspension and conditional license due to controlled substance theft and personal use without

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FDA Asks Manufacturers to Limit Acetaminophen Strength

In the interest of patient safety, Food and Drug Administration (FDA) asked drug manufacturers to limit the strength of acetaminophen in prescription drug products – which are predominantly combinations of acetaminophen and opioids – to 325 mg per tablet, capsule, or other dosage unit. In addition, FDA reports that the labels of all prescription drug products that contain acetaminophen will now include a boxed warning that highlights the potential for severe liver injury and a warning that highlights the potential for allergic reactions. FDA has taken these actions to reduce the risk of severe liver injury and allergic reactions associated with acetaminophen. FDA notes that over-the-counter products containing acetaminophen are not affected by this action.

While the maximum amount of acetaminophen in a prescription tablet, capsule, or other dosage unit will be limited to 325 mg, the total number of tablets or capsules that may be prescribed and the time intervals at which they may be prescribed will not change as a result of the lower amount of acetaminophen. Additional information for health care providers and patients is included in an FDA Drug Safety Communication available on the FDA Web site at *www.fda.gov/Drugs/DrugSafety/ucm239821.htm.*

Looking for Risk

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.*

Health care organizations focused on improving patient safety must first identify, ascertain the causes of, and employ strategies to reduce risk. Everyone on staff in an organization has responsibility for risk assessment and, therefore, risk management.

This includes involving patients in their care and seeking their help to identify risk in the system. Assessing risk in an organization is important to understanding and prioritizing areas of highest risk and for discovering which improvements will have the greatest overall impact on patient safety.

FMEA

The Failure Mode and Effects Analysis (FMEA) process is a "systematic method of identifying and preventing product and process problems before they occur." FMEA is the tool that has the potential to be an integral part of any risk assessment and, therefore, the risk management process.

FMEAs focus on identifying and removing defects, enhancing safety, and increasing customer satisfaction.

AROC

Assessing Risk and Opportunities for Change (AROC) is designed to help community pharmacy personnel identify potential medication safety risks and prevent errors. Pharmacists can use these materials and tools to pinpoint specific areas of weakness in their medication delivery systems and to provide a starting point for successful organizational improvements.

Pharmacists' Role

Pharmacists are often assumed to be the "guardians" in ensuring that medication errors do not occur. This expectation is unrealistic, because avoiding error is a health care team effort. It has, however been suggested that pharmacists should assume a leadership role in implementing safe medication use efforts in their organization.

Objectives for the pharmacist and other pharmacy staff who participate in the assessment process:

- Explain the important processes and sub-processes of medication use from prescription through administration.
- Participate in identifying failure modes and risk throughout the entire medication process, especially in information that should be available to the prescriber and nurse, as well as describing the steps in the process

that occur after the medication order is transferred to the pharmacy.

- Offer possible causes for medication errors because of breakdowns in the prescription to administration process.
- Identify effects, as well as their severity and probability, when a system failure occurs.
- Offer suggestions, along with all team members, for actions that should be taken to prevent medication errors.

Pharmacists are an integral part of any medication safety assessment process. They not only offer information – as do the other disciplines in the organization – they can also expand their knowledge through participating in these risk assessments. Pharmacy participation should include frontline staff, pharmacists, pharmacy technicians, and pharmacy support staff. It is important to have multilevel involvement so that all system enhancements are discussed and identified.

To learn more about assessing risk in acute care pharmacy visit *www.ismp.org/Tools/pathways.asp.*

To learn more about assessing risk in community pharmacy visit *www.ismp.org/communityRx/aroc/.*

NABP Launches New and Improved NAPLEX/MPJE Application in March

In March 2011, NABP launched a new and improved application process for the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®). The online application was upgraded to be more user friendly, allowing candidates to perform more registration tasks and providing status information to examination candidates.

In addition to providing the basic features of registering for the NAPLEX, NAPLEX score transfer, and MPJE, the new application also allows candidates to make changes to, add to, or withdraw an application, eliminating the need for candidates to call NABP for this service. Changes that can be made to an application include registering for the MPJE in additional jurisdictions and adding NAPLEX score transfer requests until the time of the examination. Technological enhancements to the application allow for the elimination of the previous requirement that candidates submit score transfer requests five business days prior to sitting for the NAPLEX.

The new application also gives candidates who miss sitting for an examination or who do not cancel within two business days of their appointment the ability to submit resitting fees online rather than having to send a payment to NABP via mail. This expedites the receipt of the candidate's new Authorization to Test so that he or she may schedule another examination appointment more quickly.

An additional benefit to candidates is the ability to monitor the status of their profile. After submitting an application, candidates can log in to their profile and see if the application has been received; if eligibility has been requested, granted, denied, or expired; if Authorization to Test has been generated; if the application has been withdrawn or expired; and history of examinations taken.

Candidates who registered for the NAPLEX or MPJE before the new application was launched will need to create a user name and password through the new application so that they can view the historical data of their NAPLEX and MPJE registrations. Upon creating a new user account, the system will match the newly created account with applications previously submitted or currently in progress so that all the information will be viewable by the candidate.

The new application also allows users to update their profiles as needed and review past orders.

In addition, the score results for the NAPLEX and MPJE are also accessible when candidates log in to the application, provided that the board for which the candidate tested participates in the online score interface. Currently, 24 boards utilize this service.

Overall, candidates can expect a clearer and smoother registration process because both front and back-end functionality of the application has been streamlined and tightly integrated.

New FDA Drug Info Rounds Training Video

FDA Drug Info Rounds, a series of online training videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better medication decisions. In the latest Drug Info Rounds video, pharmacists discuss the role of FDA in responding to and mitigating drug shortages. Drug Info Rounds is developed with contributions from pharmacists in the FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information. FDA Drug Info Rounds training videos may be accessed on the FDA Web site at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.*

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a prescription. Revised to revocation of pharmacist license. W.S. 35-7-1030, 1032, 1033.

H.P., pharmacist license #2343. Conditional license due to controlled substance violation in another state. Order to comply with all requirements in the other state.

Wyoming Legislative Update

The sixty-first legislature of the state of Wyoming concluded its General Session in March 2011. Three bills of interest to pharmacy were passed. Senate File 0059 sponsored by Senator Floyd Esquibel of Laramie County adds synthetic cannibinoids (commonly known as "spice" chemicals) to Wyoming Statute 35-7-1014 hallucinogenic substances included in Schedule I. People from many different disciplines testified to the abuse of these substances, including Troy Brin, PharmD candidate.

House Bill 0069 states that "[W]ith the exception of dronabinal as listed in W.S. 35-7-1018(h) . . . no practitioner shall dispense or prescribe marijuana, tetrahydrocannibinol, or synthetic equivalents . . . " This bill is in answer to problems when people are stopped in Wyoming on their way between Colorado and Montana where medical marijuana is legal.

House Bill 0062 has an effective date of July 1, 2011. This bill revised the Wyoming Controlled Substances Act in many sections. A task force composed of pharmacists, Department of Health Pharmacy Services staff, Department of Criminal Investigation staff, Board of Pharmacy members and staff, a nurse practitioner, Board of Medicine staff, Attorney General staff, and PharmD candidates met several times in 2010. The bill was sponsored by Representative Keith Gingery from Teton County and Senators Tony Ross (Laramie County) and Drew Perkins (Natrona County). Each Schedule (I through V) was updated with new listings from the federal Controlled Substances Act. Each schedule was reviewed for spelling and other corrections by Crystal Huntrods, PharmD candidate. In addition the "spice" chemicals and "bath salts" chemicals were added in Wyoming as Schedule I. **Carisoprodol and tramadol will become Schedule IV controlled substances on July 1, 2011.**

Registration requirements for practitioners will change from an annual to a two-year registration. The words "or electronic" were added to W.S. 35-7-1030 so that electronic prescriptions for controlled substances will be legal in Wyoming on July 1, 2011.

Regulations were revised to match Wyoming to the federal requirements for methamphetamine precursors. On July 1, 2011, Wyoming consumers will be able to purchase 3.6 grams of these drugs in one calendar day instead of 3 grams. The monthly limit will be 9 grams and the postal limit will be 7.5 grams. "No person may sell in a single retail transaction more than two (2) packages of a product containing methamphetamine precursor drugs" remains in the Wyoming statute. The requirements for record keeping in a log book were updated to the federal regulations. "The seller shall maintain a written or electronic list of such sales in a logbook that identifies the products by name, the quantity sold, the names and addresses of purchasers, and the date and time of the sales." There was also a change to the Prescription Drug Monitoring Program regulation relating to reports that can be provided.

Electronic Prescriptions for Controlled Substances

Note that many steps need to be taken to ensure prescriber and dispenser software comply with federal regulations before controlled substances can be prescribed electronically and to date no systems have been accredited by a third party as required by federal law. Contact your software companies to determine where they are in this process. Every practitioner who prescribes and every pharmacy who dispenses controlled substances must meet DEA requirements for e-prescribing before the prescriptions are legal. DEA-approved software must be developed and accredited by DEA-approved third-party auditors. Prescribing practitioners must undergo "identity proofing" using a two-factor authentication credential to access the approved software. Prescriptions must remain in an electronic state. Converting them to fax is not allowed. For information on the federal requirements on e-prescribing controlled substances, visit the DEA Web site at *www.deadiversion.usdoj.gov/fed_regs/rules/2010/fr0331.pdf.*

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