



Wyoming State Board of Pharmacy

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New Board Member Sigsbee Duck, MD, RPh



Dr Duck

Dr Duck is in the practice of otolaryngology at Sweetwater Medical Group in Rock Springs, WY. He is also licensed as a pharmacist in Tennessee and Wyoming. He is a graduate of Mercer University College of Pharmacy, East Carolina University School of Medicine, and former chief resident, otolaryngology at Emory University. Dr Duck has also practiced in Alabama, North Carolina, and Gillette, WY. He is a member of many professional and community groups. He enjoys working with pharmacists and pharmacy technicians in Wyoming and wishes to enhance communication for improved patient care.

Fifty-Year Certificates

At the Wyoming Pharmacy Association Annual Convention awards banquet, certificates were presented to pharmacists who maintained active Wyoming licenses for 50 years. Recipients were Frank Viola, No. 1586; Carla Harmon, No. 1590; Gerald Palmer, No. 1605; Robert Likewise, No. 1606; and Jerry Brue, No. 1609. All are University of Wyoming School of Pharmacy graduates from 1962 or 1963. Mr Palmer and Mr Likewise attended the banquet.

The Road to Becoming a Pharmacy Technician

By Vanessa Sorrels



Casper College Classroom

The Casper College Pharmacy Technology Program is a two-year program accredited by the American Society of Health-System Pharmacists (ASHP) that offers an associate of science in pharmacy technology and a certificate in pharmacy technology. Classes unique to the pharmacy technology program include introduction to the profession of pharmacy, introduction to pharmacy operations I and II, calculations for compounding, pharmacy law and ethics, pharmaceutical products I and II, introduction to pharmacy environment I and II, and practicum I, II, and III. Through the practicums, students receive at least 360 hours of on-site pharmacy experience. The pharmacy sites include hospital, home health, compounding, and retail. The other classes teach how to compound properly; the national and state laws; and drug names, their classes, and actions. The program's facilities are located in Liesinger Hall Room 103. This is a brand new training facility for use only by the pharmacy

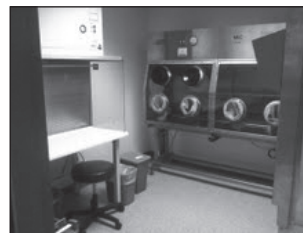
technology program. It contains computers, a smart board for teaching, stations where compounding supplies are stored, and anteroom and cleanroom simulation areas that mimic a sterile compounding room. This classroom has an area for students to study, which also houses many references that pertain directly to pharmacy.



Casper College Dispensing Lab

The instructors are both graduates of the pharmacy technology program at Casper College. Sheri Roumell has been the program director since 2005. She has degrees in pharmacy technology and a bachelor's degree in management. The instructors are great teachers who always do what they can to help their students succeed. I am a graduate of the program and the pharmacy technology instructors sparked in me an interest and love for pharmacy that makes me want to chase my dreams.

While attending Casper College to get prerequisites done for pharmacy school, there was an ad on television that advertised the pharmacy technology program offered at Casper College. This caught my attention, and since I had never actually worked in a pharmacy, I decided that this would be a good route to take to be certain that I want a career in pharmacy. My favorite classes were pharmacology and introduction to the pharmacy environment. Pharmacology was interesting because the students learn drug names, drug classes, and their reactions in the body. Introduction to pharmacy environment was a lab that the students had one weekend a month, which is now one day a week for four hours. This class was great because the students actually receive hands-on experience before entering a pharmacy. The students compounded many things, and my favorites were the foot cream and tiger balm. Also in the lab, the students learned the process of compounding sterile products.



Casper College Cleanroom

The lab is fully functional with two laminar flow hoods for regular and chemo products. It also contains two glove boxes, a total parenteral nutrition compounding machine, and a unit-dose machine. In the retail simulation area there is a cash register, shelves of drugs, drums with lids, counting trays, and mock prescriptions. This program has prepared me for working in a hospital, retail, and a compounding/home health pharmacy. A

continued on page 4



Pharmacists Likely to Recommend OTC Medications, CHPA Reports

Patients most often seek a pharmacist's advice on treating coughs, headaches, migraines, and allergies, and 98% of pharmacists recommend or have no reservations recommending over-the-counter (OTC) products to treat such ailments, according to a recent survey. The Consumer Healthcare Products Association's (CHPA) report, "Understanding Trust in OTC Medicines: Consumers and Healthcare Provider Perspectives," presents the results of the survey, which was developed to better understand what drives consumer and health care provider trust in OTC products. The survey, developed and conducted by Nielsen and IMS, included over 1,100 consumer respondents, and over 500 health care provider respondents, composed of pharmacists, pediatricians, nurse practitioners, and primary care providers.


Pharmacists surveyed reported that they were more likely to recommend OTC products that demonstrated successful patient outcomes and consistent outcomes, and products known to be as efficacious as a prescription drug, and those containing ingredients known to be safe.

The survey also asked health care providers whether they recommended OTC products without, before, or in conjunction with recommending prescription drugs for certain symptoms. A majority of pharmacists surveyed, over 60%, recommend OTC medications to treat stomach symptoms and pain, without recommending a prescription treatment, and over 70% recommended OTC allergy, sinus, and flu medications without advising that a prescription drug is needed.

CHPA notes that with the expansion of patient self-care, OTC products will play an increasingly important role in health care. The potential for more prescription products to become OTC products in the new paradigm under consideration by Food and Drug Administration (FDA) could further impact this trend. As consumers are becoming more empowered in making health care decisions, they are also relying more on their pharmacist for medication advice. In fact, Nielsen and IMS findings show that multigenerational households, Hispanic households, and households who care for an adult outside of their home place a high value on pharmacist recommendations regarding selecting appropriate OTC medications, notes CHPA.

The full CHPA White Paper is available at www.yourhealthathand.org/images/uploads/OTC_Trust_Survey_White_Paper.pdf.

ISMP Study on Targeted Mandatory Patient Counseling

 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 a recent study funded by a grant from Agency for Healthcare Research and Quality, ISMP evaluated the use of a combined checklist and patient information leaflet used during mandatory counseling sessions for consumers who pick up a filled prescription for 11 targeted medications:

- ◆ Opioid-containing analgesics
 - ◇ fentanyl patches
 - ◇ hydrocodone with acetaminophen
 - ◇ oxycodone with acetaminophen
- ◆ Anticoagulants
 - ◇ warfarin
 - ◇ enoxaparin
- ◆ Antidiabetic drugs (insulin analogs)
 - ◇ Humalog® (insulin lispro)
 - ◇ NovoLog® (insulin aspart)
 - ◇ Levemir® (insulin detemir)
 - ◇ Lantus® (insulin glargine)
 - ◇ Apidra® (insulin glulisine)
- ◆ Antineoplastic drug (non-oncologic use)
 - ◇ methotrexate

All 11 medications are on ISMP's list of high-alert medications dispensed from community pharmacies. Errors with high-alert medications may not be more frequent than errors with other medications; however, the consequences of errors with high-alert medications are often harmful. These 11 medications are also among the top 200 drugs dispensed in the United States, and many are used to treat chronic conditions, thus increasing the potential impact on public safety.

The medications were flagged in some manner to identify mandatory counseling opportunities. When a patient or patient representative picked up a flagged prescription, a pharmacist conducted a short counseling session (one to three minutes) that included the exchange of several key points on the checklist. At the end of the counseling session, the pharmacist provided the leaflet to the patient, along with a survey to complete and send back to ISMP.

Counseling sessions for these drugs were conducted for a consecutive period of four weeks, during which time, one trained ISMP staff member observed the counseling sessions for one day (six hours) to collect information on factors that facilitate or inhibit the counseling sessions. At the end of the four-week period of mandatory counseling, pharmacists at participating pharmacies were asked to complete a short mail-in survey regarding their perceived value of the process.

Results of the study showed that these consumer leaflets offer important safety tips for taking medication safely. Each leaflet begins with, "High-alert medicines have been proven to be safe and effective. But these medicines can cause serious injury if a mistake happens while taking them. This means that it is vitally important for you to know about this medicine and take it exactly as intended."

ISMP tested the readability, usability, and perceived value of the leaflets. Ninety-four percent of patients felt the leaflets provided great information or good information to know. Ninety-seven percent felt the information in the leaflets was provided in a way they could understand. Eighty-two percent of patients taking the drug for the first time and 48% of patients who had previously taken the medication reported learning something new. Overall, 85% of the patients felt they were less likely to make a mistake with the medication because they had read the leaflet.

The leaflets are available for download and can be reproduced for free distribution to consumers at www.ismp.org/AHRO/default.asp?link=ha.

Generic Drug Substitution Requires Pharmacist Attention to State Laws and Regulations

While 40 years ago, most states forbade prescription drug substitution, almost all states now have drug product selection laws that allow, encourage, or mandate pharmacists to substitute generics for brand-name



Compliance News to a particular state or jurisdiction should not be assumed as representing the law of such state or jurisdiction.)

drugs. These laws vary widely from state to state and pharmacists are therefore encouraged to review their state's substitution laws to ensure that they understand and comply with the state's requirements.

FDA's *Approved Drug Products With Therapeutic Equivalence Evaluations* publication, commonly known as the *Orange Book*, is generally considered the primary source for identifying suitable generic alternatives for a brand-name drug, and while not mandated by FDA regulations, the majority of states use the *Orange Book's* determinations of therapeutic equivalence to legally guide pharmacists in substituting generics.

State laws on generic substitution vary widely. A few states, such as Kentucky or Minnesota, follow a "negative formulary" approach, in which substitution is permitted for all drugs except those that appear on a particular list. Other states, including Massachusetts and Wisconsin, use a "positive formulary" approach, in which substitution is limited to the drugs on a particular list.

States also differ as to whether their substitution laws are permissive, thereby allowing a pharmacist to substitute a generic version of a brand-name drug, provided all prescription requirements are met, or mandatory, thereby requiring substitution. Prescription requirements may include such factors as the availability of a cheaper, therapeutically equivalent drug, the prescriber's specification that a brand-name drug be dispensed, or requiring the patient's or prescriber's consent. As reported in the 2013 NABP *Survey of Pharmacy Law*, 14 boards of pharmacy indicate that generic substitution falls into the "mandatory" category, while 38 boards indicate that their substitution laws are "permissive." Oklahoma law states that "[I]t is unlawful for a pharmacist to substitute without the authority of the prescriber or purchaser."

Other regulatory variations include states specifying the acceptable means for the prescriber to designate that substitution is not authorized, and states requiring patient consent prior to substitution.

The full article on this subject, which also reviews considerations regarding the accuracy of therapeutic equivalent determinations, is available in the June-July 2013 *NABP Newsletter*, which may be accessed in the Publications section of www.nabp.net.

NHF Provides Standards of Care for Pharmacies Serving Hemophilia Patients

For pharmacies that offer blood-clotting medications, organizations such as the National Hemophilia Foundation (NHF) emphasize the importance of being able to meet the specialized needs of their patients with bleeding disorders.

NHF's Medical and Scientific Advisory Council (MASAC) issued a standards-of-care recommendation in 2008 to assist pharmacies providing clotting factor concentrates for home use to patients with bleeding disorders. MASAC's guidelines are intended to be minimum standards of care and are divided into six areas:

As a brief overview of the MASAC guidelines, pharmacists wishing to meet the standards should:

1. Have a basic knowledge of bleeding disorders and experience with and knowledge of the full range of clotting factor concentrates, ancillary supplies, and hazardous waste disposal.

Pharmacies wishing to meet MASAC standards:

2. Should be able to provide a full range of available concentrates in all available assays and vial sizes, along with all necessary ancillary supplies, and hazardous waste disposal assistance as well as access to nursing services.

3. Should support reliable access to clotting factor for appropriate home treatment, by filling prescription orders within 48 hours, in the quantities prescribed, with expiration dates commensurate with the individual patient's needs.
4. Should be reliably open during regular business hours; provide 24-hour emergency access; and have an emergency action plan that allows patients to receive factor within 12 hours "in case of emergent need," with a goal of three hours "where logistically possible."
5. Should deliver products to the patient's desired location, meeting federal medication shipping standards, and providing an emergency number for patients to call in case of a problem with a delivery.
6. Should maintain patients' treatment prescription information along with maintaining records in compliance with state and federal requirements and be able to track the clotting factor products from manufacturer to patient, and participate in a recall information system.

The full article on this topic is available in the June-July 2013 *NABP Newsletter*; accessible in the Publications section of www.nabp.net. NABP notes that each state needs to review the standards recommended by MASAC to determine whether they coincide with existing state board of pharmacy requirements. NABP recognizes the unique patient needs of hemophiliacs, but also the responsibility of state boards of pharmacy to set required standards for medication dispensing and use. NABP is working with NHF to help the boards of pharmacy gain a better understanding of the medication needs of patients to help achieve uniformity in related regulations.

NABPLAW Online Now Includes Guam, Puerto Rico, and the Virgin Islands

The complete pharmacy acts and regulations of Guam, Puerto Rico, and the Virgin Islands are now included in **NABPLAW**[®] Online, the comprehensive national data bank of state pharmacy laws and regulations provided by NABP. **NABPLAW** Online's powerful search capabilities allow users to research subjects one state at a time or across all 50 states and included jurisdictions. More information about **NABPLAW** Online and a link to the online subscription order form are available in the Programs section of the NABP Web site at www.nabp.net/programs/member-services/nabplaw/.



Pharmacists & Technicians:
Don't Miss Out on Valuable CPE Credit.
Set Up Your NABP e-Profile and Register for CPE Monitor Today!

Continuing pharmacy education (CPE) providers who are accredited by the Accreditation Council for Pharmacy Education (ACPE) have integrated CPE Monitor[®] into their systems and are requiring pharmacists and pharmacy technicians to provide an NABP e-Profile ID number and date of birth (MMDD) in order to process ACPE-accredited CPE credit.

Visit www.MyCPEmonitor.net to set up your NABP e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.

continued from page 1

program that is accredited by ASHP teaches students to be ready for all of these settings because it is not just focused on one area. In this program students are taught pharmacy technician laws, which is very important to know before you start to work in a pharmacy. The training that happens in this program can save a pharmacy thousands of dollars in training costs alone. I do not believe that a technician can adequately be trained on the job because pharmacies are way too busy for constant one-on-one training. In conclusion, my experience in the program was very positive and I am proud to have made it through one of, if not the best, pharmacy technician schools in America.

Correction to an Article in the June 2013 Newsletter

Juanita Bonner, PharmD candidate, was the author of the articles for “New Board Members Kerri Kilgore and Jim Mas-sengill.” Her name was inadvertently left out.

Recent 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).

W.O. Pharmacist License #1882: Admonishment for allowing an unlicensed technician to perform pharmacy functions. Written plan required to verify licensure of licensed personnel.

C.B. Pharmacist License #3309: Failed audit of continuing education (CE) earned in 2012. \$200 administrative penalty and additional six hours of CE required.

A.C. Pharmacist License #3469: Failed audit of CE earned in 2012. \$300 penalty and additional eight hours of CE required.

M.V. Pharmacist License #2709: Failed audit of CE earned in 2012. \$200 administrative penalty and additional eight hours of CE required.

Rulemaking Notice

New rules in Chapter 16, Immunization by Pharmacists, and revised rules in many chapters have been proposed by the Wyoming State Board of Pharmacy. Governor Matt Mead requested each agency to review rules and decrease them in number and size when possible. Under the Controlled Substances Act, revisions to rules in Chapters 1, 2, 3, 5, 6, and 8 have been approved by the Board members to go forward for public comment. Under the Wyoming Pharmacy Act, revisions to rules in Chapters 1, 2, 3, 4, 6, 9, 10, 11, 12, 13, and 15 have been approved by the Board to go forward for public comment. At press time, the date for a public hearing had not been established.

Comments will be taken in person at the hearing or by writing to the Board office at 1712 Carey Ave, Suite 200, Cheyenne, WY 82002, or by sending an e-mail to BOP@wyo.gov. Rules revisions and the time and date of the public hearing can be found at the Board Web site: <http://pharmacyboard.state.wy.us> or by requesting a copy from the Board office at 307/634-9636.

WORx is Online

The Wyoming Online Prescription Database (WORx) prescription drug monitoring program is online with access 24/7 for practitioners and pharmacists. Register at WORXPDMP.com and you will be authorized to get reports of dispensed prescriptions in Schedules II, III, and IV. Pharmacies are reminded to send information every seven days and include the elements listed in Rules, Chapter 8, Wyoming Controlled Substances Act.

CE Audits

Pharmacists and technicians are reminded that CE must be earned in 2013 in order to renew licenses for 2014. Pharmacists who are immunizers must complete at least one hour of CE pertaining to immunizations. Pharmacists who are immunizers must also complete CE in pediatrics if they plan to administer vaccines to patients seven to 18 years of age under the new statute and rules. In the random audit of CE earned in 2012, there were 107 pharmacists with three failures. Of the 107, there were 25 immunizers and all 25 were compliant. Wyoming pharmacy technicians in the random audit numbered 54 with one failure. CPE Monitor[®], a service provided through the National Association of Boards of Pharmacy[®], the Accreditation Council for Pharmacy Education (ACPE), and ACPE providers, will be used for the random audit of CE earned in 2013. To help plan your CE, visit www.MyCPEmonitor.net to log in and view your records in CPE Monitor. Please note that only those continuing pharmacy education records earned after you registered for CPE Monitor will be displayed.

Page 4 – September 2013

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