December 2009

Wyoming State Board of Pharmacy

Wyoming State Board of Pharmacy
1712 Carey Ave, Suite 200
Cheyenne, WY 82002
http://pharmacyboard.state.wy.us

Published to promote voluntary compliance of pharmacy and drug law.

New Board Member Stephanie McAntee, RPT

Congratulations to pharmacy technician Stephanie McAntee of Laramie, WY, who was appointed to be an ex officio member of the Wyoming State Board of Pharmacy by Governor Dave Freudenthal. Stephanie's term was effective August 25, 2009. Stephanie has lived in Laramie for 10 years, but has lived throughout the United States, Europe, and Asia. Stephanie has been a pharmacy technician since the age of 16, when she worked at a CVS in Virginia. Currently, Stephanie works at Osco Pharmacy in Laramie. In her free time Stephanie enjoys camping and hosting karaoke parties. She is currently starting a Brownie Troop in Laramie. The Board welcomes Stephanie and looks forward to working with her.

New Board Staff Member Phyllis Chapman

The Wyoming State Board of Pharmacy would like to welcome new staff member Phyllis Chapman. Phyllis was recently hired as the new senior office support specialist. Originally from Kansas City, MO, Phyllis has lived in Cheyenne for the last seven years. She received her associate's degree in paralegal studies from Laramie County Community College. Phyllis enjoys horseback riding, camping, fishing, and spending time with her family and her husband, Chad.

Board Adopts Rules

At the September 2009 Board meeting, a public hearing was held to receive comments about the proposed rules for the Wyoming Pharmacy Act with revisions to six chapters and the addition of one new chapter. Comments were presented and the Board voted to go ahead with the rules as proposed. At press time Governor Freudenthal had yet to sign. A summary of the changes was mailed to each pharmacist and technician with license renewals in early November. The changes are posted on the Board Web site at *http://pharmacyboard.state.wy.us*.

Chapters 2, 3, 8, 12, 13, and 16 have revisions and Chapter 17 on Sterile Compounding is new. The University of Wyoming School of Pharmacy law class and Dr Kem Krueger attended the meeting.

Online Pharmacist/Pharmacy Technician Renewals

License renewal notices were mailed to pharmacists and technicians in early November. This is the first year that technicians can renew online. Completing online renewals provides several advantages. Your renewal certificate is printed by you and instantly available and as many copies as you need can be printed. The turnaround time is greatly reduced. The Board database is updated automatically. Over 80% of pharmacists used the online renewal option last year. This feature offers many efficiencies to the Board office and is an important step toward "going green" with less paper and postage involved.

Continuing Education

Remember to **have your actual certificates in hand** before marking your license renewal with the number of continuing education hours you earned in 2009. Pharmacists are required to have 12 hours and pharmacy technicians, six hours. Approved providers are listed in the Wyoming Pharmacy Act Rules and Regulations, Chapter 6 for pharmacists and Chapter 10, Section 11 for pharmacy technicians. The certificates must be sent to the Board **only** if you are part of the random audit; do not send certificates until notified.

Side Effect Reporting Hotline

As of July 1, 2009, pharmacies are required by Food and Drug Administration (FDA) to provide a toll-free 1-800 number so that consumers can report adverse effects from medications. On the FDA Web site the number is 1-800/332-1088 to report to MedWatch. The required "side effects statement" may be distributed to consumers by pharmacies in one of five ways:

- On a sticker attached to the unit package, vial, or container of the drug product
- On a preprinted pharmacy prescription vial cap
- On a separate sheet of paper such as cash register tape
- In consumer medication information
- In the appropriate FDA-approved medication guide that contains the side effects statement

The Alarming Trend of Teenage Prescription Medication Abuse Today

By Jamie Wilkey, PharmD Candidate

Every day 2,500 teenagers in the United States use a prescription drug to get high for the **first** time. The abuse of prescription medications is an increasing trend among teenagers. Only marijuana is more abused in 12-17 year olds than prescription drugs (Office of National Drug Control Policy [ONDCP]). However, it is important to note that prescription medications are not replacing illicit drugs, but instead appear to be an intermediate step in drug use (Partnership for a Drug Free America [Partnership]).

Teens in western states, like Wyoming, and southeastern states are the most likely abusers across the United States. They are choosing to abuse prescription medications to help them deal with problems, manage their lives, lower stress, enhance performance, and to get high (Partnership). The most commonly abused medications are pain relievers, stimulants, and tranquilizers. Girls are more likely than boys to intentionally abuse prescription drugs to get high (ONDCP).

Such an increase in this substance abuse can be attributed to its source: a teenager's own home. Teens are accessing these drugs in the comfort of home because it is as easy as opening a cupboard, drawer, or medicine cabinet (Partnership). In fact, almost 70% of these abused substances come

continued on page 4

National Pharmacy C

(Applicability of the contents of articles in the National Pharmacy Complian
and can only be ascertained by examining t

Pharmacy Security and Safety Prove Necessary Component in Pharmacists' Training

Pharmacy robbery – no one ever thinks it will happen to them, but those who have experienced it know it **can** happen to anyone. To address the importance of recognizing actions to follow if faced with a robbery, several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites. In addition, to keep current licensees aware and up to speed on safety measures, procedures can be directly taught and reiterated in the pharmacy. Likewise, at least one college of pharmacy has begun incorporating pharmacy safety training in its curriculum and recently saw the extreme benefits of doing so.

On Wednesday, July 8, 2009, Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, quickly learned how imperative pharmacy safety training really was when he experienced a pharmacy robbery first hand. Just as Bryan and his fellow employees were preparing to close the store, two gunmen entered the North Carolina pharmacy and approached the counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly $10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university's college of pharmacy alumni e-Newsletter. In the article Bryan states, "I crouched down hoping they hadn't seen me so I could get to a safe place in an office behind the pharmacy to call the police. They saw me as I was crawling and made me come to the front of the pharmacy. My mind was running through a class Dr Cisneros taught dealing with a robbery," he explains. "I knew what type of questions the police would be asking from our lecture, and I was asking myself those very questions while the robbery was happening. It was a very intense and scary moment . . . but I am thankful for the class I had and that nobody was hurt during the whole ordeal."

In December 2008, a safety DVD, *Pharmacy Security – Robbery*, accompanied the shipments of the National Association of Boards of Pharmacy® *2009 Survey of Pharmacy Law* that were sent to the schools and colleges of pharmacy. The DVD was an educational offering from Purdue Pharma L.P. provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

It was this DVD that Robert Cisneros, PhD, assistant professor at the university, implemented in his pharmacy management course – the very same course that helped Bryan stay calm during the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course.

"One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robber's appearance – clothes, height, weight – and not just focusing on the gun," states Cisneros. He was glad to have received the DVD, explaining that, "it was just the right length, added a lot to the class, and led to great discussions." Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The safety DVD mentioned above may be viewed on the RxPatrol® Web site at *www.rxpatrol.org*. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze, and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at *www.partnersagainstpain.com* under Pain Education Center.

Concerns with Patients' Use of More than One Pharmacy

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.*

Perhaps it is not readily apparent, but medication safety could be compromised if patients practice polypharmacy to take advantage of widely publicized programs offering discounted or free medications. With tough economic times, patients may choose to fill or refill their prescriptions at multiple pharmacy

locations to save money, since taking advantage of such offers may cost less than filling their prescription at their usual pharmacy and paying the insurance co-pay.

Normally, when a customer presents a prescription, the pharmacy sends information about the drug and the patient to third-party payers and/or the patient's pharmacy benefit managers (PBM) for reimbursement.

If patients are paying out of pocket for the prescription, the pharmacy can notify the PBM so the medication can be tracked, but notification is not required. In these circumstances, the PBM and insurer may not be made aware that the prescription has been dispensed and no adjudication or drug utilization clinical screening of the prescription will be performed. Normally, medications are screened by the PBM's computer system, which includes all prescription medications regardless of where they were dispensed, and dispensing pharmacists are alerted to drug duplications, drug interactions, and some other unsafe conditions. This checking process will not occur if the prescription is not sent to the PBM. This also has an impact on hospitals that use outside vendors that obtain PBM data through Surescripts in order to populate patient medication profiles upon admissions to the emergency department or hospital. This could decrease the accuracy of drug lists collected for medication reconciliation since these vendors access their information from PBMs and insurers.

For these reasons, patients need to be educated about the importance of sharing insurance information wherever they have their prescriptions filled, even when the insurance is not being billed. Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient. This is especially necessary if the patient is only filling a prescription for a drug on the $4 list from your pharmacy, but you suspect they may be taking other medications and obtaining them elsewhere. It is also important to expand our efforts to encourage patients to keep a complete list of medications, herbals, nutritional supplements, vitamins, and prescription drugs and to show this list to every provider of care they visit. Community pharmacies can also update patient medication profiles in their computer systems to include prescription and over-the-counter medications obtained at other pharmacies, including mail-order, and promoting and providing a written copy of this list to the patient upon request.

CDC Launches Get Smart Web Site to Help Decrease Antibiotic Resistance

Centers for Disease Control and Prevention (CDC) launched the Get Smart Web site to teach about the potential danger of antibiotic resistance and what can be done to prevent it. Because antibiotic resistance is one of the world's most pressing public health problems, CDC also held Get Smart Week on October 5-11 to emphasize its public health effort to decrease antibiotic resistance, including how pharmacists can become involved.

The Web site contains patient education materials, updated guidelines for health care providers, campaign materials, and additional resources, including information in Spanish, to help increase the public health awareness of antibiotic resistance and the importance of obtaining influenza vaccines in time for the upcoming flu season. As most states now allow pharmacists to immunize, they can help contribute to public health awareness on who should get flu shots and appropriate antibiotic use in the community. The Get Smart Web site can be accessed at *www.cdc.gov/getsmart/*.

FDA Approves Vaccine for 2009-2010 Seasonal Influenza and H1N1

Food and Drug Administration (FDA) has approved a vaccine for 2009-2010 seasonal influenza in the United States. FDA has also approved four vaccines against the 2009 H1N1 influenza virus. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus. More information is available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements*.

ISMP: Do Not Store Insulin Vials in Open Cartons – Risk of Mix-up High

ISMP warns that storing insulin vials inside their cardboard cartons after the packages have been opened can lead to mix-ups, and potential medical emergencies, if vials are accidentally returned to the wrong carton after being used. The next patient care worker looking for a particular insulin product could read the label on the carton, assume that it accurately reflects what is inside, and end up administering the wrong product. To avoid such a mishap, ISMP recommends that the cartons be discarded, either in the pharmacy before the insulin is dispensed, or when it is received at the nursing station.

FDA Takes Actions on Pain Medications Containing Propoxyphene

FDA announced in July that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite "serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time." Additional information can be found at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm*.

continued from page 1

from teenagers own parents and family, both knowing and unknowingly. Unfortunately, teenagers and parents falsely think that using prescription medications to manage stress or get high is safer than using street drugs (ONDCP).

The role of a pharmacist in aiding parents to stop the abuse of prescription medications is twofold; to be on alert in the pharmacy for indicators of improper use, and to provide educational material to parents about how to help their children. The National Center for Mental Health Promotion and Youth Violence Prevention has provided some key points that we as pharmacists can incorporate into our daily practice to help aid in preventing this growing problem. The suggestions are as follows:

- Discuss with patients the dosage of their medications, potential side effects and drug interactions, and the risks of prescription drug abuse. Additionally, remind patients not to share prescription medications with others, to keep all medications in a secure location in the home, and to hide or properly dispose of old and/or unused medications.
- Give patients written information about the risks of prescription drug abuse and how to safeguard medications in their home.
- Be on the alert for altered or forged prescriptions.
- Create a drop-off program for expired and/or unused prescription medications.
- Where available, participate in a local hotline to alert other pharmacies when a falsified prescription is discovered.

Board Investigations in 2008 Resulting in Discipline

(36 Investigations, 12 Persons Disciplined)

Rules Citation	Failed to
Chapter 4 Section 1(c)(iv) CSA	Maintain perpetual inventory (3)
Chapter 4 Section 1(c)(iii) CSA	Sign and date copies of controlled substance invoices (2)
Chapter 4 Section 3(e) WPA	Complete Drug Enforcement Administration (DEA) Form 222 as a supplier
Chapter 4 Section 3(f) WPA	Complete DEA Form 222 as a purchaser
Chapter 2 Section 9 WPA	Establish procedures for accurate records for controlled substances (3)
Chapter 6 Section 4(a) WPA	Complete continuing education requirements (7)
Chapter 6 Section 11(f) CSA	Document authorized changes on C-II prescriptions
Chapter 6 Section 11(e) CSA	Cancel C-II controlled substance prescriptions
Chapter 2 Section 19(a) WPA	Obtain a patient-specific prescription for a compounded product
Chapter 2 Section 19(a) WPA	Get all the required elements on a C-II prescription
Chapter 2 Section 2(d) WPA	Maintain Code of Ethics (theft of prescription medications) (2)
Chapter Section 9 WPA	Ensure licensure of a technician after tech-in-training expired (2)
Chapter 2 Section 9(c)(xi) WPA	Remove expired medications from active stock
Chapter 2 Section 11(c) WPA	Label bubble packs with proper expiration date
Chapter 2 Section 11(b) WPA	Have product description on the label of dispensed prescriptions
W.S.§33-24-101(b)	Avoid unprofessional conduct, which is defined as dispensing a drug that differs from that specified by the prescription without authority of the issuer of the prescription

H1N1 Vaccine

In September, the Board approved H1N1 vaccine as qualifing under the category "influenza vaccines" in Chapter 16, Wyoming Pharmacy Act. Pharmacists who are registered to provide immunizations in Wyoming can administer vaccines to healthy adults (19 years of age and older) or to high risk adults for whom a physician has issued a prescription. During the H1N1 pandemic, pharmacists are urged to review safety information on compounding oseltamivir oral suspension at *www.ismp.org* or *www.wpha.net*.

The *Wyoming State Board of Pharmacy News* is published by the Wyoming State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

Mary K. Walker, RPh - State News Editor

Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor

Larissa Doucette - Communications Manager

National Association of Boards of Pharmacy Foundation, Inc
1600 Feehanville Drive
Mount Prospect, IL 60056

WYOMING STATE BOARD OF PHARMACY

Presorted Standard
U.S. Postage
PAID
Chicago, Illinois
Permit No. 5744