



Wyoming State Board of Pharmacy

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New Board Members

By Nathan Holcomb, PharmD Candidate

Ronald LeBlanc



Ronald LeBlanc, PharmD, RPh, born in Texas, but currently living in Sheridan, WY, received his doctor of pharmacy degree from the University of Colorado. He received his PharmD during the first year that the PharmD degree was offered at the university. He has been practicing pharmacy in Wyoming for over 15 years, including serving as the pharmacy manager at King Soopers in Cheyenne, WY, for five years. He currently works at Osco

Pharmacy in Sheridan. Each year, Ronald also precepts students from the University of Wyoming School of Pharmacy, striving to provide a quality educational experience for pharmacy students. When asked how he wants to contribute from within the Wyoming State Board of Pharmacy, he said that he wants to be part of maintaining safety within pharmacy: "We have an excellent safety program in pharmacy, but I want to maintain that level of safety, and even improve upon it." Ronald emphasized that it is extremely important for pharmacists to be accessible, always probing for information and asking more questions in order to find the root cause of the problem. "It's how we think as pharmacists," said Ronald. "It's continually training ourselves to think the way that only pharmacists do, in order to provide quality patient care." Ronald's hobbies include riding his motorcycles, fly fishing, working in his yard, working within the Gideon Ministry to place Bibles in hotels, hospitals, jails, schools, and universities, and enjoying the Wyoming lifestyle.

Brenda Upton



Brenda Upton, PharmD, RPh, is from Upton, WY, and received her PharmD degree from the University of Wyoming School of Pharmacy as part of its first PharmD class, which graduated in 2000. Brenda has been practicing pharmacy for over 15 years, and is a preceptor for students coming from the University of Wyoming School of Pharmacy. She is currently the pharmacist-in-charge at Walmart Pharmacy in Gillette, WY. When asked what made her decide to join the Board, Brenda said that Wyoming has been making a

lot of positive changes in pharmacy and that she wants to be a part of those changes as Wyoming continues to move in a positive direction. She has been on the Weston County School District Board of Trustees for 12 years, and is looking for more opportunities to serve. She is looking forward to getting to hear different people's perspectives and ideas concerning pharmacy practice in the state, as well as being a

part of the changes in pharmacy practice to come. Brenda has also voiced her interest in helping to write new questions for the annual updates to the Multistate Pharmacy Jurisprudence Examination®. It is her goal to not only improve her understanding of the law and its application, but to also improve all pharmacists' understanding of the law. Brenda is excited to become a part of the team, and is looking forward to contributing in any way she can. Brenda's hobbies include traveling, riding motorcycles, boating, golfing, and playing with her grandchildren.

Keeping Up-to-Date in the Rapidly Evolving World of Pharmacy

By Eric Saul, PharmD Candidate

The world of pharmacy continuously evolves at a rate that makes keeping current a critical requirement of our profession. I have a very unique perspective of this evolution. My wife graduated from the University of Wyoming School of Pharmacy in 1995, and I graduated from Creighton University School of Pharmacy and Health Professions in 2015. Twenty years separate our pharmacy degrees, and the education has changed in so many ways. In 1995, the focus of pharmacy school appeared to be on preparing dispensing pharmacists, and in 2015, the focus has changed to preparing clinical pharmacists. The number of treatments that have been introduced, changed, or withdrawn over that 20-year span is significant. The challenge we all continue to face is keeping our knowledge current with such a broad spectrum of treatments for our patients and the rapid development of new treatments. Technology has opened a variety of options for pharmacists to access the changes and updates in the field. Many organizations are supplying information through various media channels, such as mailings, websites, email, text messaging, and social media, among others. Below are a few of the organizations I have found that disseminate information and updates as they become available.

- ◆ The National Association of Boards of Pharmacy® (NABP®) offers free email subscriptions to the electronic publications *NABP e-News* and *AWARxE Prescription Drug Safety News* on its website, www.nabp.net/publications/nabp-news.
- ◆ The *Wyoming State Board of Pharmacy Newsletter* is an excellent resource for compliance and drug law. This *Newsletter* is also the official method of notification to pharmacists and pharmacy technicians by the Board. Visit www.nabp.net/publications/state-newsletters, then click on Wyoming.
- ◆ The Institute for Safe Medication Practices is a nonprofit organization that offers newsletters by email or standard mail service at www.ismp.org/Newsletters/default.asp. Topics include acute care, community/ambulatory care, nursing, long-term care, and consumer health education. The newsletters require a subscription, and appear to be of nominal cost.

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Counterfeit Botox Found in the United States, FDA Warns

On April 16, 2015, Food and Drug Administration (FDA) alerted health care providers that a counterfeit version of Botox® was found in the United States and may have been sold to doctors' offices and clinics throughout the country. The counterfeit products may be identified by a missing lot number on the vial, missing information on the carton (next to LOT, MFG, and EXP), and a displayed active ingredient as "Botulinum Toxin Type A" instead of "OnabotulinumtoxinA." The counterfeit products were sold by an unlicensed supplier who is not authorized to ship or distribute drug products in the US, according to an FDA Drug Safety Alert. The agency advises health care providers to confirm that the distributor from which they purchase Botox is authorized by Allergan, the drug's manufacturer. No adverse events related to this product have been reported to FDA.

Medical practices that purchase and administer counterfeit, illegal, and unapproved medications from unlicensed or foreign sources are putting patients' health at risk, as patients may not be getting proper treatment, warns FDA. Wholesale drug distributors must be licensed in the states where they conduct business. Suspicious Botox products may be reported to FDA's Office of Criminal Investigations. More information is available on the FDA website at www.fda.gov/Drugs/DrugSafety/ucm443217.htm.

One way pharmacies can be assured of the legitimacy of a wholesale distributor is to look for the National Association of Boards of Pharmacy® (NABP®) Verified-Accredited Wholesale Distributors® (VAWD®) Seal. Wholesale distributors that achieve VAWD accreditation are in compliance with state and federal laws, as well as NABP's VAWD criteria. Wholesale distributors that display the VAWD Seal as part of their accreditation have undergone a criteria compliance review, including a rigorous review of their operating policies and procedures, licensure verification, survey of facility and operations, background checks, and screening through the NABP Clearinghouse. Accredited facilities are reviewed annually and undergo an on-site survey every three years. Created in 2004, the accreditation program plays a pivotal role in preventing counterfeit drugs from entering the US drug supply.

Seven Persistent Safety Gaffes in Community/Ambulatory Settings That Need to Be Resolved!

 This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at www.ismp.org. Email: ismpinfo@ismp.org.

ISMP has been reflecting on the strength and resolve of many across the nation who have demonstrated an unparalleled commitment to keeping patients safe. Despite the many safety accomplishments in 2014, ISMP cannot help but mull over persistent medication safety gaffes that continue to be unresolved. ISMP would like to share seven persistent safety gaffes of 2014, in three parts, with NABP *National Pharmacy Compliance News* readers with the hope that they will join ISMP in bringing attention to these crucial issues and the compelling need for their resolution. Part one of the three-part series is below.

1) Patient Counseling: Still Only a Veiled "Offer" in Many States

The effectiveness of patient counseling in a community pharmacy to detect and prevent medication errors, and its link to improved medication adherence and positive clinical outcomes have been well documented in the literature. Yet, studies have placed patient counseling rates at only eight percent to 42%. An increase in the frequency and quality of patient counseling has been linked to state-specific regulations that require patient counseling for new prescriptions coupled with strict enforcement surveillance. States that require an "offer" to counsel have very low patient counseling rates. Patients often fail to recognize an offer to counsel when simply asked, "Do you have any questions?" or told to "Please sign here." They may not even know what to ask. This means that, with few exceptions, pharmacies in states that require only an offer to counsel will likely dispense a powerful opioid such as fentanyl transdermal patches and allow the patient or caregiver to walk out of the pharmacy without even a brief discussion about safe use and disposal. ISMP has long promoted mandatory patient counseling in community pharmacies for prescriptions for targeted high-alert medications.

For a list of high alert community medications, please visit www.ismp.org/communityRx/tools/ambulatoryhighalert.asp. ISMP hopes you will use this list to determine which medications require mandatory patient education in order to reduce the risk of errors and minimize harm.

2) Patients Impacted by Dispensing Errors: Callous Response From Pharmacists

When patients report dispensing errors to ISMP, they are usually more upset about the response they received when contacting the pharmacist or pharmacy manager than the actual error itself. All too often, consumers tell ISMP that pharmacy staff have responded in a callous manner when confronted with the possibility of a dispensing error, demonstrating a lack of empathy and concern for the adverse effects the patient might have experienced. While pharmacy staff may want to be more responsive to patients who report errors, they are often following corporate policies that are focused on legal concerns. As patients are continually encouraged to be active participants in their health care, they want and deserve honest disclosure of errors, and knowledge that there is an action plan to reduce the risk of it happening again.

Flurbiprofen-Containing Topical Medication May Be Dangerous to Pets, Cautions FDA

People who use topical medications containing flurbiprofen, a nonsteroidal anti-inflammatory drug (NSAID), should take care to prevent their pets from being exposed to the drug, recommended FDA in an April 2015 Safety Alert. The warning is in response to reports of cats in two separate households that became ill or died after their owners used topical medications containing flurbiprofen to treat



muscle, joint, or other pain. Two cats in one household developed kidney failure and recovered with veterinary care. Two cats in a second household developed symptoms that included reluctance to eat, lethargy, vomiting, melena, anemia, and dilute urine, and subsequently died despite veterinary care. A third cat in the second household also died after the owner stopped using the medication. Necropsies on the three cats found evidence that were consistent with NSAID toxicity. The pet owners had applied the drug to their own neck or feet, and not directly to the pet, and it is not known exactly how the cats became exposed to the medication, the Safety Alert notes.

Health care providers who prescribe or dispense topical pain medications containing flurbiprofen should advise patients with pets to take steps to prevent exposure of the pets to the medication. Additional information is available in the FDA Safety Alert available at www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm443386.htm.

New FDA Drug Info Rounds Videos Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. The latest Drug Info Rounds videos are as follows.

- ◆ In “NDC Directory,” pharmacists demonstrate how to use this quick, easy, online resource.
- ◆ In “FAERS,” pharmacists discuss the FDA Adverse Event Reporting System (FAERS) and review three ways FAERS data is made available to the public.

Drug Info Rounds is developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research, Office of Communications, Division of Drug Information. These videos and previous Drug Info Rounds resources are available on the FDA website at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.

Mucinex Cold, Sinus, and Flu Medications Recalled Due to Possible Labeling Error

In April 2015, RB (formerly Reckitt Benckiser) of Parsippany, NJ, issued a voluntary recall of certain lots of liquid Mucinex® due to a potential error involving the over-the-counter medications’ drug facts labels. While the front label of the recalled lots correctly lists the name of the product as well as the active ingredients, some bottles may not have the correct corresponding drug facts label on the back. The recall was initiated after a confirmed report from a retailer. The recalled medications include:

- ◆ MUCINEX FAST-MAX Night-Time Cold & Flu;
- ◆ MUCINEX FAST-MAX Cold & Sinus;
- ◆ MUCINEX FAST-MAX Severe Congestion & Cough; and
- ◆ MUCINEX FAST-MAX Cold, Flu & Sore Throat.

If mislabeled, consumers who purchase these products may be unaware of the side effects and potential risks associated with active ingredients such as acetaminophen, dextromethorphan, guaifenesin, phenylephrine, and/or diphenhydramine. RB is recalling these products as a precautionary measure to ensure consumers have all relevant facts and warnings; the company asks consumers to dispose of any unused product.

Additional information about the recall, including the lot numbers and expiration dates for the recalled medications and guidelines for

safe disposal, is available on the FDA website at www.fda.gov/Safety/Recalls/ucm444028.htm.

Pharmacists Are Performing More Patient Care Activities, National Survey Indicates

Pharmacists are performing more patient care activities in a variety of health care settings and are spending less time in traditional dispensing roles, indicates the *2014 National Pharmacist Workforce Survey*. Specifically, the report found that 60% of pharmacists provided medication therapy management, and 53% performed immunizations in 2014, indicates a press release from the American Association of Colleges of Pharmacy (AAPC). The survey was created using a random sample of 5,200 individuals selected from a list of 7,000 licensed pharmacists in the US. Response rate to the survey was 48%.

Additional details, including the full results of the survey and an executive summary, are available through the Resources section of the AAPC website, www.aacp.org.

Potentially Lethal Drug Sold Globally as Diet Supplement, Warns INTERPOL

INTERPOL has issued a global alert for a drug known as 2,4-dinitrophenol (DNP), an illicit and potentially lethal drug sold as a dieting and body building aid. The “Orange Notice” warning about DNP was published in May 2015, following the death of a woman in the United Kingdom and the serious illness of a man in France. In the 1930s, DNP was used to boost metabolism and encourage weight loss, but it was taken out of circulation due to several deaths. Sold as a plain yellow powder, capsules, or cream, DNP is often illegally manufactured and sold via the Internet; unsafe manufacturing of the drug and potential contamination may be magnifying the dangers of taking the drug, notes INTERPOL.

Additional information is available on the INTERPOL website at www.interpol.int/News-and-media/News/2015/N2015-050.

HHS Announces New Interactive Training on Safe Opioid Use

The Department of Health and Human Services (HHS) has announced a new, interactive training course that teaches health care providers how to talk to patients about safely using opioids to manage chronic pain. The course, “Pathways to Safer Opioid Use,” also teaches implementation strategies for meeting the opioid-related recommendations from the National Action Plan for Adverse Drug Event Prevention. Adverse drug events (ADEs) are the largest contributor to hospital-related complications and account for more than 3.5 million physician office visits each year, according to HHS. The training, which is offered at no cost, includes self-guided interactive videos with decision points to help users learn how to apply health literacy strategies to help patients understand and act on information to prevent opioid-related ADEs; identify individual risk factors, opioid medications, and interactions that place individuals with chronic pain at increased risk for opioid-related ADEs; recognize the importance of a multidisciplinary team-based approach to treating patients with chronic pain; and demonstrate the ability to combine the principles of the Health Literate Care Model and the biopsychosocial model.

Additional information, including a link to the National Action Plan for Adverse Drug Event Prevention, is available on the course website at <http://health.gov/hcq/training.asp#pathways>.

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- ◆ A membership to the American Pharmacists Association (www.pharmacist.com) will include periodic updates that are relevant to our practice. Likewise for American Society of Health-System Pharmacists members at www.ashp.org.
- ◆ State and local organizations, such as the Wyoming Pharmacy Association (www.wpha.net), are great resources for information and their websites contain links to important topics.
- ◆ *Pharmacy Times* is a publication that offers email subscriptions at www.pharmacytimes.com, allowing you to choose various information and delivery options.
- ◆ *Pharmacist's Letter* (<http://pharmacistsletter.therapeuticresearch.com>) is a newsletter that requires a fee for a subscription, and offers monthly updates, including continuing education (CE) credits.
- ◆ Food and Drug Administration (FDA) offers an email alert titled "Recalls, Market Withdrawals, & Safety Alerts." FDA's Med-Watch offers information through email, Twitter, or RSS desktop notifications. Visit www.fda.gov/drugs for more information on both publications.
- ◆ The Centers for Disease Control and Prevention (CDC) provides the *Morbidity and Mortality Weekly Report* that is available through RSS feed, podcasts, Facebook, Twitter, electronic subscription, and its mobile app. More information is available at www.cdc.gov/mmwr.
- ◆ Vaccination updates can be found on the CDC and Department of Health and Human Services websites at www.cdc.gov/vaccines and www.vaccines.gov, respectively. Email updates are available.
- ◆ Medscape offers news and perspective at www.medscape.com. An email subscription is available after completing a free registration to the site.
- ◆ Technicians can find CE sources specific to their practice at www.ptcb.org.

Recent Disciplinary Actions

S.M., Pharmacy Technician License #2005T: Suspension of license for three years with all but 90 days stayed, conditions on the license due to guilty plea of theft in violation of Wyoming Statute 6-3-402.

T.C., Pharmacist License #1943: Admonished for unprofessional conduct. Additional CE required and a written plan to prevent medication errors.

D.Y., Pharmacy Technician License #1351T: Admonished for compounding a prescription with ingredients other than those prescribed. Additional CE required and a written plan to prevent medication errors.

A.M., Pharmacy Technician License #1536T: Admonished for compounding a prescription with ingredients other than those prescribed. Additional CE required and a written plan to prevent medication errors.

Compliance Corner

Welcome to Lisa Hunt, Compliance Officer

By Brian Hughes, PharmD Candidate



With licenses in four different states and her most recent job working for Medicaid, Lisa Hunt, RPh, is well accustomed to the world of pharmacy, bureaucracy, and what it means to take an enforcement position. Lisa is following a family tradition; both her grandfather and uncle were pharmacists. She graduated from Oregon State University College of Pharmacy, and worked retail in Beaverton, OR, and Bend,

OR. She worked for the Oregon State Pharmacy Association, and then advanced to run the state Medicaid drug utilization review programs for Oregon, Utah, and Washington. Before coming to Wyoming, Lisa managed Utah's Medicaid Pharmacy and Therapeutics Committee. Needless to say, her career already has an impressive track record. The Board is fortunate to have her experience and vision. When asked how she feels her work with Medicaid might impact her job as inspection officer, she said, "There are many similarities. Within Medicaid I was always working to ensure the recipient was receiving the right drug, for the right person, at the right time; that tax payer dollars were being used appropriately and to the benefit of the patient." It is Lisa's belief that a pharmacy inspector's role is to promote patient safety. She is excited to provide information on ways to help make this happen. When asked why amongst all the opportunities pharmacy has to offer she chose to work for the Board, her response was that this is an excellent time to be involved in the regulation of pharmacy with all the upcoming changes, such as the endorsement of United States Pharmacopeia Chapter <797>. We are now at a time where prevention of errors is the focus rather than just focusing on the containment of errors after they happen. In conclusion, Lisa said that pharmacy practice in Wyoming emphasizes professionalism, safety, and regulation while incorporating emerging concepts from the national level to improve patient care. With this attitude, we can rest assured Lisa will be a positive force for the Board, bringing a new perspective and presence to pharmacy practice throughout Wyoming.

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