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Wyoming State Board of Pharmacy News

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Board Officers

At the Wyoming State Board of Pharmacy meeting on March 29, 2017, the following officers were elected: President Bessie McGirr, Vice President Kerri Kilgore, and Secretary-Treasurer Brenda Upton. The officers serve a two-year term.

New Board Member, Robert Prentice, MD

By Chelsea Monroe, PharmD Candidate

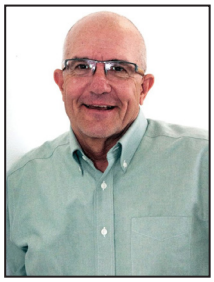
The Board welcomes Robert Prentice, MD. Dr Prentice has been a pediatrician at Cheyenne Children's Clinic since 1973, except for a three-year stint in Chicago, IL, as an associate executive director of the American Academy of Pediatrics. Over the years, Dr Prentice has had various positions on local medical staffs, including chief of staff at DePaul Hospital. He also served on and was president of the Cheyenne/Laramie County Board of Health. The Board asked Dr Prentice, "What do you feel is the most important issue in pharmacy right now that the Board should be looking at?" Dr Prentice answered:

> The science of pharmaceuticals is exploding. The side effects and interaction of medications require well trained, knowledgeable professionals to educate patients and providers to ensure safety and proper use of medications. The need to develop and enhance collaborative practice and telemedicine to provide for timely and efficient care delivery, especially in rural areas, is critical because manpower shortages are predicted for medicine in the near future. There is no question that pharmacists can play extended roles in health care delivery but we have to be sure that they are not overextended. The retail pharmacist gets to be the bearer of bad news sometimes and we need to be sympathetic to the role that is put upon them as arbiter between the payers and patients and providers. Record-keeping is a blessing for information retrieval but also a burden. Identifying and promoting efficient and reasonably cost affordable systems is important for regulation and patient safety.

Dr Prentice's hobbies include skiing, bike riding, reading, and going to movies and plays with his wife, Sandra. Most of all, he and his wife enjoy traveling and have visited 80-plus countries and almost every state, usually with an activity involved. Since his wife is a dermatologist, laying by the beach or a pool are no-nos.

A Veterinarian Returns to the Board of Pharmacy

By Aitor Andikoetxea, PharmD Candidate



A familiar face has returned to the Board after a six-year break. Gary Norwood, DVM, is the proud owner of Frontier Veterinary Clinic in Cheyenne, WY. He has worked as a veterinarian for 36 years and has now expanded his practice to include two other veterinarians as well as 12 other members of his staff. Dr Norwood's work on the Board came from "his interest in pharmacology that originated from an opiate addiction 36 years ago." He decided to become a Board member so he could help with the laws for pharmacy in Wyoming and make a difference. Dr Norwood is very active in other organizations, including serving his third year as president of the Wyoming Professional Assistance Program, where he has served for eight years. He is the Wyoming delegate of the American Veterinary Medical Association House of Delegates.

Statute Changes From the 2017 Wyoming Legislature in Effect July 1, 2017

Pharmacist Prescribing of Naloxone, Senate File 0042

The Emergency Administration of Opiate Antagonist Act states "a practitioner or a pharmacist acting in good faith and exercising reasonable care may, without a prescriber-patient relationship, prescribe an opiate antagonist to: (i) a person at risk of experiencing an opiate related drug overdose; (ii) a person in a position to assist a person at risk of experiencing an opiate related drug overdose; (iii) a person who, in the course of the person's official duties or business, may encounter a person experiencing an opiate related drug overdose." It further states that ". . . a pharmacist who prescribes an opiate antagonist . . . shall provide education." A pharmacist who prescribes an opiate antagonist ". . . is personally immune from civil or criminal liability for any act or omission resulting in damage or injury." The Board is preparing rules with the Wyoming Board of Medicine.

Telepharmacy Amendments, Senate File 0062

The requirements to open a telepharmacy in Wyoming were revised by several factors: removing the requirement for a telepharmacy to be located in a medical clinic or community health center;

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DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at *www.deadiversion.usdoj.gov/drugreg/index.html.*

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

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.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit *https://www.ismp.org/Survey/NewMssacap/Index.asp.*

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists,* CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at *www.cdc.gov/dhdsp/pubs/docs/pharmacist-resource-guide.pdf.*

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at *https://jcpp.net.*

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.*

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register,* which can be found at *www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.*

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at *www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.*

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at *www.ptcb.org* in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit *www.BuySafeRx.pharmacy.*

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at *http://lawatlas.org/datasets/pharmacist-vaccination,* explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

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reducing the restriction of 25 miles distance from a retail pharmacy to 10 miles, with no mileage restriction in Natrona or Laramie counties; and allowing dispensing by using a lockable cabinet, by unit of issue packaging, or by manually dispensing from a stock bottle into a vial. The legislation also requires a pharmacist to complete an on-site inspection of the telepharmacy. The Board of Pharmacy is working on revisions to Chapter 14 in the Wyoming Pharmacy Act Rules and Regulations to match these changes.

Wyoming Pharmacy Act Amendments, Senate File 0121

This legislation updates the practice act language in several sections. Discipline by another state board of pharmacy can be reviewed during applications or renewals for pharmacists or pharmacies. The abbreviation "R.Ph." is officially changed to "RPh." The requirement for a generic substitution to be the lower regular and customary retail price than the brand name is removed. A drug prescribed by its generic name can be a product other than the lowest retail cost brand in stock. All mentions of "pedigree" were removed from the statute as required by the federal Drug Quality Security Act. The Wyoming Pharmacy Act was also updated in many sections by removing outdated language and changing "physician" to "practitioner."

Thank You to Ronnie LeBlanc

Board members and staff are appreciative of the time and commitment that Ronnie LeBlanc provided in his time as an appointed Board member from May 2015 to March 2017. Thanks for a job well done, and best wishes.

50 Years as a Wyoming Pharmacist

The following pharmacists will be honored at the Wyoming Pharmacy Association convention in Laramie, WY, on June 23-24, 2017, for having a Wyoming license for over 50 years: Terry Hahn #1704, Boris Tabakoff #1705, Robert Thorne #1711, Bill Wheeler #1696, and Jo Ann Wheeler #1697. Congratulations! Information about the convention is available at *www.wpha.net.*

Medication-Assisted Treatment for Addiction

By Katrina Roberts, PharmD Candidate

In July 2016, the Comprehensive Addiction and Recovery Act (CARA) was signed into law. It passed the United States House of Representatives with bipartisan support, 407-5. With the opioid addiction problem facing our country, this act was established with the goal to increase access to both medication-assisted treatment and the opioid reversal agent, naloxone. Pharmacists should be aware that CARA temporarily allows nurse practitioners (NPs) and physician assistants (PAs) to obtain an "X" Drug Enforcement Administration (DEA) number to prescribe buprenorphine for the treatment of opioid addiction. Prior to CARA, only physicians could prescribe buprenorphine for addiction purposes. NPs and PAs must complete 24 hours of training to be eligible for the waiver and obtain their X DEA number (which must appear on the prescription); then each NP or PA can prescribe for up to 30 patients. This expansion of prescribing privilege is limited to five years and will end on October 1, 2021. A note to pharmacists: the X DEA number will not appear on Wyoming Online Prescription Database reports at this time.

Board Meeting Schedule for 2017

- June 21-22 at 1 PM at the meeting room downstairs in the Wyoming Department of Environmental Quality office, 2100 W 5th Street, Sheridan, WY
- September 6-7 at 1 PM at the Wyoming Board of Professional Geologists, 500 S 3rd Street, Laramie, WY
- December 6-7 at 1 PM at the Oil & Gas Commission building at 2211 King Blvd, Casper, WY

Agendas will be posted at *pharmacyboard.state.wy.us* approximately one week before the meetings.

Electronic Newsletters

This edition of the Wyoming quarterly *Newsletter* is the last time hard copies will be mailed to pharmacists and pharmacy technicians in Wyoming. You can provide the Board with your email address or review *Newsletters* on the Board website at *pharmacyboard.state.wy.us* under the Newsletters tab, or on the National Association of Boards of Pharmacy® website at *www.nabp.pharmacy* under Boards of Pharmacy. The *Newsletter* is published the first week of March, June, September, and December annually. The Board will continue to send a hard copy to each resident pharmacy.

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® (NABPF®) to promote 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 NABPF or the Board unless expressly so stated.

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