



Wyoming State Board of Pharmacy

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Prescriptive Authority

By Rhet Long, PharmD Candidate

The Wyoming State Board of Pharmacy office has received questions asking whether a prescription written out-of-state by a pharmacist in a collaborative practice agreement (CPA) with a physician or from a standard of care performing pharmacist, can be presented to a Wyoming pharmacy for dispensing. Another variation of this question could be proposed thus, "Can I fill a prescription in Wyoming for my birth control that I received from a pharmacist while I was in Eugene, OR, visiting my in-laws?" The issue in both questions centers around Wyoming law describing who is licensed with prescriptive authority and whether the pharmacist can dispense medications ordered by prescribers not recognized in Wyoming.

Current Wyoming law states that practitioners or their agents may call in, fax, or electronically send a non-narcotic prescription to a pharmacy, provided a signature of the practitioner is documented on the prescription. An agent acting on behalf of the prescriber is not performing prescribing authority. Wyoming law is clear that only practitioners have the authority to prescribe within a set scope of practice. Pharmacists in Wyoming are granted prescribing authority with certain vaccinations and naloxone.

A pharmacist can enter into a CPA with a practitioner in Wyoming provided they outline the specifics of the agreement in a document, obtain approval from the Wyoming Collaborative Practice Committee, obtain patient consent, and provide regular audits of patient compliance. Wyoming currently has seven approved CPAs between pharmacists, practitioners, and their patients.

How does Wyoming define prescriptive authority across state borders? When prescriptions come into Wyoming from out-of-state, how do we reconcile such prescriptions when Wyoming law does not support outside entities as legitimate prescribing authorities? Wyoming Pharmacy Act (WPA) Rules, Chapter 2, Section 18 states: "Prescriptions received from out-of-state practitioners are valid only to the extent a practitioner licensed in Wyoming may prescribe that medication in Wyoming." Therefore, naturopath- or pharmacist-prescribed prescriptions from across state boundaries are not dispensable.

Have the Drugs Really Gone to the Dogs?

By Marcie Hunt, PharmD

Are my patients receiving the medications they need for treatment? Unfortunately, this is a question that many veterinarians now have to ask themselves. Several drug abusers/misusers are turning to the diversion of veterinary medications to curb their addictions. Multiple reports of pet abuse in attempts to fuel these addictions have steered abusers to an all-time low.

Diversion of veterinary medications is not a new or novel concept. Because veterinarians have access to all types of pharmaceutical products ranging from narcotics to benzodiazepines to anabolic steroids, potential drug abusers may find the market to be attractive, leading them to participate in drug diversion and possible pet abuse. Various reports have emerged over the past 15 years discussing the grisly details involved in veterinary drug diversion.

In a 2002 article published in the *Pharmacy Times*, one particular case reviews how one pet owner visited five different veterinary offices in order to obtain anxiety medications for their canine that supposedly had severe anxiety. Another heart-wrenching case presented by *CBS News* in Baltimore, MD, scrutinized how one owner took a razor blade to their dog so that they could misuse their pet's pain medications. One individual even taught their dog to cough on demand in order to receive hydrocodone. There are a few things that veterinarians and health care providers can do to potentially stop drug abuse/misuse and reduce animal abuse.

Signs to watch for regarding vet shoppers/drug diversion:

- ◆ Claiming that medications were lost or stolen.
- ◆ Exaggerating a pet's symptoms.
- ◆ Giving textbook signs and symptoms that would point to prescribing a specific medication.
- ◆ Refusing to accept the medications offered to them by a vet or asking for specific medications by name.
- ◆ Requesting to refill a medication early or before the vet believes the pet should have taken it all.

While the best way to prevent veterinary drug diversion is to be vigilant and pay attention to the signs of vet shopping and drug diversion, the Wyoming government has

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National Pharmacy Compliance News

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The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

NABPF

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DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at www.dea.gov/divisions/hq/2018/hq021418.shtml.

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- ◆ Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- ◆ Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- ◆ Medications and components (17%);
- ◆ Facilities and equipment (22%);
- ◆ Sterile compounding procedures (53%); and
- ◆ Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB’s website at www.ptcb.org.

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA’s amendments are available in a Federal Register notice titled “Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder” (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at www.train.org/cdctrain/course/1075730/compilation.

Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC’s website at www.cdc.gov/antibiotic-use/index.html. CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

Walmart to Provide Free Solution to Dispose of Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that permanently dissolves when

mixed with water and sequesters excess opioids and other drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide. “This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers’ medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug,” said Pharmacy Clinical Services Manager for WalMart Health and Wellness and NABP Past President Jeanne D. Waggner, RPh, DPh. “We’re not just making it easy for patients to safely dispose of their medications, but we’re also helping prevent abuse before it starts.” Additional information is provided in a January 17, 2018 news release titled “Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse.”

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- ◆ Therapeutic innovation;
- ◆ Data, analytics, and technology;
- ◆ Business of pharmacy;
- ◆ Pharmacy and health-system leadership;
- ◆ Advanced pharmacy technician roles;
- ◆ Population health management;
- ◆ Public health imperatives; and
- ◆ Coping with uncertainty and chaos.

The 2018 report is available at www.ajhp.org/content/75/2/23.

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands display-

ing the USP Verified Mark signal to the public that “what’s on their label is what’s in the bottle.” Health care practitioners can learn more about USP’s efforts at www.usp.org/dietary-supplements-herbal-medicines.

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP’s verification program for dietary supplements can be found at www.usp.org/verification-services/program-participants.

New CPE Monitor Subscription Service Makes Licensure Compliance Easier

To help pharmacists easily monitor their CPE compliance, NABP partnered with the Accreditation Council for Pharmacy Education (ACPE) to expand CPE Monitor® by offering a new subscription service. Users can keep their free, Standard version of CPE Monitor or upgrade to the Plus subscription plan. Launched in April 2018, the new Plus plan enables pharmacists to perform a variety of advanced functions beyond the Standard plan, including:

- ◆ Verifying how much CPE credit must be earned to satisfy renewal requirements;
- ◆ Receiving alerts when a license is nearing the end of a CPE cycle;
- ◆ Uploading non-ACPE credits to a licensee’s e-Profile;
- ◆ Viewing consolidated transcripts for each state license;
- ◆ Connecting to My CPD, which allows licensees to maintain their continuing professional development (CPD) in one place; and
- ◆ Connecting to the Pharmacists’ Learning Assistance Network, where licensees can easily search for ACPE-approved courses.

The Plus subscription is available for an annual, renewable fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. It is only available via NABP’s new mobile app. Search for NABP e-Profile in [Google Play Store](#) (Android) or the [App Store](#) (iPhone).

The Standard plan is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit www.nabp.pharmacy/CPE.



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

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recently taken steps to help combat this growing problem. The Wyoming Legislature passed Senate File (SF) 0083, which now requires veterinarians to register with the state's prescription drug monitoring program, the Wyoming Online Prescription Database (WORx). Veterinarians and other health care providers have access to prescription drug information that may help divulge drug diversion by veterinary clients. Through this monitoring program and the awareness of numerous individuals, hopefully, veterinary drug diversion and associated pet abuse can be reduced.

Recent Disciplinary Actions

C.E., Pharmacist License #3418: Administrative penalty of \$500 for failing to keep a perpetual inventory of dispensed Schedule II controlled substances (CS). Five additional hours of continuing education on pharmacy law required.

Pharmacy License #R10088: Administrative penalties of \$2,000 for each violation of failing to have a pharmacist-in-charge (PIC) named and present within the regulatory parameters, failure to keep a reconciled perpetual inventory, failure to report required prescriptions to the WORx program, and failure to have a perpetual inventory on site with at least two years of records. A plan to prevent future issues is also required.

Opioid Addiction Task Force Meeting

Created by SF 0078 in the 2018 Wyoming Legislature, the Opioid Addiction Task Force met in Riverton, WY, July 9 and 10. Reports were provided by the boards of medicine, nursing, and pharmacy and the Wyoming Department of Health. Many public members attended and everyone was encouraged to provide suggestions that could be implemented to reduce the abuse of opioids in Wyoming. State Senators Eli Bebout and Fred Baldwin and Representatives Albert Sommers, Timothy Hallinan, and Scott Clem asked many questions. Some of the common ideas are: education for prescribers and pharmacists, mandatory use of WORx, restricting the number of days' supply in the first prescription for an opioid, increasing opportunities for treatment and recovery, limiting the morphine milligram equivalent per day, initiating treatment in the emergency department after an overdose, long-term funding for substance abuse disorder treatment, medication-assisted treatment incentives for more prescribers, treatment during incarceration, prevention education, electronic prescriptions for opioids, and increasing the use of telehealth in rural areas. Pharmacists Dr Brenda Upton and Dr Melinda Carroll are members of the task force.

Counseling Patients About Opioids

One of the themes of the Opioid Addiction Task Force is education that includes pharmacists providing good counseling with each Schedule II prescription. The risks need to be mentioned as well as compliance, dosing, and monitoring for side effects. Pharmacists can now prescribe and dispense naloxone, and more patients need to be given information about that option. A red auxiliary label was mentioned as an idea to remind patients that opioids are powerful and risky. Pamphlets reinforce counseling – they do not replace it.

DEA's Licensing Process Takes Four to Six Weeks

Board staff has noted that the Drug Enforcement Administration (DEA) licensing process is taking approximately four to six weeks for a change in ownership for a pharmacy. WPA Rules, Chapter 2, Section 29 requires 21 days prior notice to the Board for a change of ownership. Completed Wyoming State Controlled Substance applications generally get processed within a week at the Board, but new pharmacy owners may find themselves in a situation where they cannot purchase CS without a valid DEA license. New owners may wish to **plan ahead** and start the application process early. Note DEA's Pharmacy Manual: Transfer of Business at https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.htm#3.

New owners may also want to view the DEA website question and answer at https://www.deadiversion.usdoj.gov/drugreg/faq.htm#process_time.

Compliance Corner: Nonsterile Compounding Competencies

In order to demonstrate competence, an individual must be able to perform certain tasks or skills with a required level of proficiency. According to WPA Rules, Chapter 13, Section 4, Paragraph b, all pharmacists who engage in compounding must maintain competency and proficiency in the art of compounding. WPA Rules, Chapter 10, Section 7, requires the PIC to certify competency of the pharmacy technician prior to allowing him or her to assist in compounding. This is an annual requirement. Certification of competency must be documented and kept on file by the PIC in the pharmacy.

How does one document competency in compounding? The Board staff posted some examples of Compounding Competency forms and Master Compounding Record forms on its website at <http://pharmacyboard.wyo.gov>, under "FAQ." The forms include both a check-off list and a section where the observer can describe what compounding skills or tasks were observed. For example: "I observed LH measure out accurately 80 ml of viscous lidocaine and mix it well with diphenhydramine 15.5mg/5ml." A best practice is to observe competencies related to the type of compounding your pharmacy actually performs.

Happy Retirement to Mary Walker

A retirement open house will be held at the Board office on October 5, 2018, from 2 to 4 PM in honor of Mary Walker who is retiring after 10 years as executive director. She also served three years before that as a Board member appointed by then-Governor Dave Freudenthal. Plan to stop by on October 5 or send email messages to BOP@wyo.gov.

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Mary K. Walker, RPh - State News Editor

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

Amy Suhajda - Communications Manager