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News

Wyoming State Board of Pharmacy

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Board Welcomes New Member

Tosha Williamson, RPT

Tosha Williamson was appointed to the Wyoming State Board of Pharmacy by Governor Mark Gordon in March 2020. Tosha graduated from Buffalo High School in 2003. In 2004, she was certified by the Pharmacy Technician Certification Board and started her career at Medicap Pharmacy in Gillette, WY. Tosha has maintained her certification and continues to work for Medicap Pharmacy. "It's both an honor and humbling to work with and represent pharmacy technicians throughout Wyoming."

Rules and Regulations for EPCS

By Jordan Kiser, PharmD Candidate

Technology initiatives are moving forward at full steam in the health care industry. Paper prescriptions are quickly becoming a thing of the past, and electronic prescriptions have become the new "norm" for medication prescribing. Electronic prescribing first became legal throughout the United States in 2007.

In 2010, Drug Enforcement Administration established standards for electronic prescriptions for controlled substances (EPCS). It allowed for the use of EPCS software and identified the system requirements that providers, pharmacies, and health IT vendors should use. In order for an EPCS system to be compliant, it must include:

1. certification of the electronic health record/e-prescribing application;
2. identity proofing to confirm that a provider is authorized to prescribe controlled substances (CS);
3. two-step logical access control to provide EPCS permissions to approved prescribers;
4. two-factor authentication for providers who sign an EPCS prescription;
5. comprehensive and detailed reporting to demonstrate compliance and to identify auditable events and security incidents.

America has a well-publicized problem with opioid abuse and misuse. In 2017, President Donald J. Trump declared that the opioid addiction epidemic is a nationwide public health emergency. In October 2018, the SUPPORT for Patients and Communities Act (H.R. 6) was signed into law. The act requires the use of EPCS for all CS prescriptions under Medicare Part D by January 1, 2021. As of 2018, approximately 95% of pharmacies were able to receive EPCS but only 32% of prescribers had the ability to send the electronic prescriptions. The EPCS requirements are designed to work alongside prescription drug monitoring programs to help deter fraud and abuse. These programs help identify patients who are potentially abusing their medications and may shed more light on CS usage.

Many states were quick to enact similar regulations if they were not already in place. In 2016, New York was the first state to require EPCS. California also passed a law that requires all prescriptions for medications to be electronic, not just CS. Beginning January 1, 2021, Wyoming will require all CS prescriptions (ie, Schedule II, III, IV, and V) to be sent and received electronically, with limited exceptions.

Some companies and organizations have taken their own stance. For example, Walmart and Sam's Club were no longer accepting paper prescriptions as of January 1, 2020. Similarly, in March 2018, McKesson Corporation, a drug distributor, announced that in 2019 it would no longer sell opioids to customers who cannot accept EPCS (certain populations exempted).

After January 1, 2021, paper prescriptions will only be allowed in certain situations. This new legislation for EPCS could be challenging for the prescribers who are not already capable of sending electronic prescriptions.

Summary of Comments Received Regarding Rule Revisions

Wyoming Pharmacy Act Rules and Regulations Chapters 10 and 16

Chapter 10. Pharmacy Technician Regulations: The Board received a total of 20 comments from 17 unique individuals or associations during the public comment period and from a public hearing that was held regarding the proposed changes. Most of the comments received were regarding the removal of

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National Pharmacy Compliance News

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NABPF
National Association of Boards of Pharmacy Foundation

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.

President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the "third wave" of the opioid crisis, as detailed in the October 2019 issue of *Innovations*® (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy®'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the "primary driver" of the current opioid crisis, according to the report.

"Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States," a DEA press release states. "As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States."

Drug-Resistant Infections Are Increasing

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. "More action is needed to fully protect people," the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the CDC website.

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain:*

Developing the Evidence, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

"We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research in a statement. "However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA's efforts to address the opioid crisis must focus on encouraging 'right size' prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids."

FDA will next consider the recommendations included in the report as part of the agency's efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the NASEM website.

New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients' medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients' perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

"Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety," said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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the pharmacist-to-technician ratio. Nine of the commenters were opposed to removing the ratio. The concerns that were frequently brought up included:

- a belief that removing the ratio would be detrimental to patient safety;
- that pharmacists would have their hours cut because more technicians would be hired; and
- that pharmacists would not have time to perform clinical duties because they would be supervising more technicians.

Six commenters supported removing the ratio. These commenters provided information that included:

- Twenty-three states have already eliminated the ratio or had never established a ratio;
- Utah, Idaho, and Nebraska have removed or are removing the ratio;
- an additional 15 states have relaxed the ratio requirement as a result of the coronavirus disease 2019, including Colorado and South Dakota completely waiving the ratio requirement;
- removing the ratio is an important step toward modernizing pharmacy practice;
- rebutted concerns that organizations would eliminate pharmacist jobs;
- there is no evidence of patient safety issues with the removal of the technician ratio; and
- some independent pharmacy owners in Wyoming supported the change because it allowed them to make the best decisions for their pharmacies.

The Board met and discussed the public comments that were received. Some of the Board members echoed similar concerns that were raised in the public comments. The Board discussed those concerns that had been raised and noted the following:

- the National Association of Boards of Pharmacy® (NABP®) has encouraged member states to modify or eliminate the technician ratio since 1999;
- in national meetings with other state boards and NABP there was discussion that:
  - ◊states that have removed the ratio did not report worse patient outcomes;
  - ◊there is no evidence that suggests public safety is related to the ratio; and
- the proposed changes allow pharmacist discretion to determine staffing.

Some comments indicated limited support for the removal of the ratio as long as the Board would consider expanding the role and the responsibilities of pharmacy technicians. This section was not part of the proposed revisions. The Board supports expanding the role and responsibilities of pharmacy technicians and will address this in future rulemaking. The Board may form a joint stakeholder task force to determine how this may best be accomplished. The Board did not make any changes based on the public comments.

Chapter 16. Immunization Regulations: The Board received three comments from two unique individuals or associations during the public comment period and from a public hearing that was held regarding the proposed changes. The comments were supportive of the changes and included recommendations that the Board consider alternative language instead of the incorporation by reference of Centers for Disease Control and Prevention guidelines. The Board addressed these comments by noting that the incorporation by reference follows requirements set for the Board in the Administrative Procedures Act. The Board noted that it will actively monitor the guidelines in order to update the incorporation by reference. The Board did not make any changes based on the public comments.

Controlled Substances Act Chapter 9

Chapter 9. Opioid Prescription Limits: The Board did not receive any written or verbal public comments regarding this chapter.

Notice of Intent to Amend Rules

The Board proposes to repeal **Chapter 6: Issuing, Filing, and Filling of Prescriptions of the Wyoming Controlled Substances Act Rules and Regulations** and to create a new **Chapter 10: Issuing and Dispensing Prescriptions for CS.** This is being done in order to simplify, modernize, and reorganize the information that was previously in Chapter 6 as well as to provide exemptions to the requirement that all CS be electronically prescribed per W.S. 35-7-1030(e) and Enrolled Act No. 66, Senate 2019, SF0047.

Requests for copies of the proposed amendments may be addressed to the executive director at the Wyoming State Board of Pharmacy at 1712 Carey Avenue, Suite 200, Cheyenne, WY, 82002. The proposed amended rules and new chapters are posted on the Wyoming Secretary of State website. Comments may be submitted to the Board at the address above or to BOP@wyo.gov on or before 5 PM MDT on July 23, 2020.

CPESN USA

By Jordan Kiser, PharmD Candidate

If health care delivery at the pharmacy level were to be reimagined, Community Pharmacy Enhanced Services Network (CPESN USA) is trying to pave the way. CPESN USA was created for community-based pharmacies with the idea of applying clinical integration into the business model. Through the provision of enhanced services, CPESN pharmacies are committed to improving health outcomes and decreasing total health care costs for patients. This network is trying to recreate the idea of what community pharmacies could be.

A clinically integrated network allows health care providers to work together and coordinate care across different settings and providers to improve patient care. Pharmacists are able to interact with payers to potentially share in the savings related to patient care costs or get reimbursed for their services.

CPESN USA is similar to the American Pharmacists Association in that it is a national organization comprised of individual state networks that operate independently of the national organization. Pharmacies can benefit from membership

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in several ways. CPESN USA is structured to eliminate third-party self-interest. It supports pharmacies that actively participate in local health care teams and enables them to broaden the types of services they provide. CPESN USA also provides subject matter expertise on a wide variety of topics that can aid in service enhancement.

For community pharmacies that are looking for ways to incorporate clinical services into their practice, membership in CPESN USA may have some advantages. Members can utilize the Pharmacist eCare Plan (PeCP), which facilitates clinical integration and quality reporting. The PeCP allows pharmacy providers to share patient-specific information. Information like patient goals, health concerns, active medication lists, drug therapy problems, laboratory results, vitals, payer information, and billing can be shared through the PeCP. There are pharmacy software systems that already have a version of the PeCP standard installed.

Another program offered through CPESN USA is Flip the Pharmacy. As the founding partner, CPESN USA is working with other organizations like the National Community Pharmacists Association and Parata to promote clinical integration into community pharmacy. Flip the Pharmacy's data indicates that "70% of our health bill comes from patients with two or more chronic illnesses [and] 83% of our prescription fills are for these patients." Flip the Pharmacy attempts to shift pharmacies away from solely filling prescriptions to caring for patients long-term.

CPESN USA, its networks, and its partners are trying to move the health care system away from treating acute conditions first and foremost. By caring for the whole patient, patient outcomes will improve, and the overall cost of health care will decline. What is good for the patient, is good for pharmacy, and good for health care.

2020 Wyoming Legislative Update House Bill 0085 – Prescription Tracking Program Rules

The act amends the requirements for using the prescription tracking program by requiring a practitioner to search the prescription tracking program as needed when issuing non-opioid prescriptions based on best practices for CS other than opioids, and every three months for prescribed opioids for as long as the opioids remain a part of the patient's treatment. The act provides the Board with rulemaking authority related to the prescription tracking program and specifies that the rules may apply to practitioners, pharmacists, and others who are authorized to use the tracking program. The bill also authorizes the Board to survey the use of the prescription tracking program and report inappropriate use to the professional licensing board of any offending practitioner. The act was made effective immediately and was signed by Governor Gordon on March 12, 2020.

Recent Disciplinary Actions

K.W., Pharmacy Technician License #1486T: K.W. failed to complete six hours of continuing education (CE) in 2018. K.W. was required to pay an administrative penalty of $150 and to complete six extra hours of CE, including three hours on pharmacy law.

Pharmacy License #R10170: Medication and compounding errors. The pharmacy was required to pay an administrative penalty of $4,000 and provide a written plan to prevent future medication and compounding errors.

N.H., Pharmacist License #3930: N.H.'s pharmacist license was suspended for obtaining CS by fraudulent means. The suspension and administrative penalty of $1,500 are stayed and N.H.'s license is conditional for five years, based on the following: completing six extra hours of CE on pharmacy law; completing all elements of the judgment and sentence order; not serving as pharmacist-in-charge or preceptor during the probationary period; and completing a five-year monitoring contract with the Wyoming Professional Assistance Program.

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