



Pharmacy Post

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Winter 2021

Controlled Substance Prescription Changes

Changes to Controlled Substance Rules for January 2021 are causing much confusion and inconsistencies throughout our state. These changes include the requirement for controlled substances to be sent electronically, which there are several exceptions to and would encourage people to look at the controlled substance act chapter 10 section 5. With this change there has been several questions on transferring of controlled substances. Transferring of these prescriptions is also addressed in chapter 10 of the controlled substance act.

Section 10 states:
Transferring of Controlled Substances.
(a) A Schedule II controlled substance prescription shall not be transferred, with the exception that an unfilled original EPCS may be transferred from one pharmacy to another pharmacy one time.
(b) Schedule III, IV, and V controlled substance prescriptions shall be transferred in accordance with Chapter 2 of the

Wyoming Pharmacy Act Rules, this includes unfilled original Schedule III, IV, and V EPCS. Unfilled non-electronic Schedule III, IV, and V controlled substance prescriptions shall not be transferred.

As stated, electronic controlled substance of ANY schedule can be transferred once if the original prescription was sent electronically. Electronically prescribed prescriptions do not have to be filled prior to the transfer for controlled substances schedule III-V, however, if one had an original Rx that was written, telephone order, or faxed these schedule III-V prescriptions would have to be filled once at the original pharmacy prior to transfer.

With this being such a new rule for Wyoming we will have to work through how these new transfers are going to look in practice. As an example, if a CII prescription was sent to a pharmacy and the pharmacy was out of stock on the product the pharmacist could then place the pre-

scription on hold call another community pharmacy that had the product and transfer the original unfilled prescription to that pharmacy. To keep the transfer as secure as possible, one could call and give all information verbally and then send the printed escript via fax. If the originating pharmacy and the accepting pharmacy shared the same pharmacy system one could simply fill the held prescription at the new location.

These are very brief examples that do not include every instance, but will hopefully help clear up some of the question's pharmacy staff have. These new changes to the practice act should help improve patient care for the residents of Wyoming and all decisions that we make as pharmacists should be guided by quality patient care.

Submitted by:
Melinda Carroll, PharmD
Past-President of WPhA

Introducing your WPhA President

Hi Wyoming Pharmacists

I am honored and excited to serve as president of the Wyoming Pharmacy Association for 2020-2021. WPHA provides us with voice as pharmacists in Wyoming to help improve the regulations that we work under so that we can provide better care to the patients in Wyoming. As a rural state with a close knit communities of pharmacies through WPHA, we are able to have a direct impact on the regulations that we follow within our practices. As we move forward in 2021, we plan to provide more services through WPHA, such as holding an annual meeting this summer in support of pharmacy comradery and learning. Though our annual meeting may once again be zoom depending on the pandemic.

This past year and the pandemic has affect all of pharmacies, pharmacists and pharmacy tec's. Thank you for your service on the front lines of this pandemic. 2020 has been my most difficult year of practice, but also the most rewarding as we meet the needs in our small communities. Pharmacists and pharmacy technicians are making a significant impact on Covid spread as first line providers in our rural communities for the past year. We now get to make even more of an impact as we support our communities by providing COVID vaccine.

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PHARMACY MARKETING GROUP, INC



AND THE LAW

By Don. R. McGuire Jr., R.Ph., J.D.

This series, **Pharmacy and the Law**, is presented by Pharmacists Mutual Insurance Company and your State Pharmacy Association through Pharmacy Marketing Group, Inc., a company dedicated to providing quality products and services to the pharmacy community.

CORRESPONDING RESPONSIBILITY

The opioid crisis, and the multitude of court cases around the country that followed from it, have placed additional scrutiny on the duty of Corresponding Responsibility for pharmacists.

This concept is not new. The regulation has been in effect for many years. The regulation states:

"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for

*violations of the provisions of law relating to controlled substances."*¹ (emphasis added)

Recent activity in the Multi District Litigation (MDL) court in Ohio² focused on Corresponding Responsibility. Judge Dan Polster issued an order on August 6, 2020 denying the pharmacy defendants' motion to dismiss the complaint against them. The pharmacy defendants' motion to dismiss asserted that the duty of Corresponding Responsibility falls on the pharmacist, not on the pharmacy. Therefore, the pharmacies had no duty to take any action during the opioid crisis. The judge disagreed and denied the motion.

The judge then went on in his ruling to outline what steps the pharmacies should have taken and the information that should have been provided to their staffs. His opinion was very detailed and involved data mining and data analytics. The pharmacy defendants filed a motion to reconsider on August 25, 2020 because they believed the requirements outlined by the judge were excessive and beyond the requirements imposed by statute

¹ 21 C.F.R. Section 1306.04(a)

²

https://www.ohnd.uscourts.gov/sites/ohnd/files/MDL2804_2709.pdf

and DEA regulations. The motion to reconsider was denied on September 22, 2020. However, the judge did acknowledge that his previous order was not intended to prescribe the actions that the pharmacy defendants should have taken. The question of whether the actions they did take were sufficient under the law is a question of fact for the jury to decide.

The Corresponding Responsibility regulation does specifically cite pharmacists. However, the assertion by the pharmacy defendants to say that they have no duty here seems to be an extreme position. Pharmacies are registrants too. As registrants under the Controlled Substances Act, pharmacies also have a duty to prevent abuse and diversion of controlled substances. The Administrator of the DEA has the authority to suspend or revoke a pharmacy's registration if it appears to create a danger to the public health or safety to allow the pharmacy to continue. While the Corresponding Responsibility regulation refers to pharmacists, it seems unrealistic to leave the dispensing pharmacist unsupported in the performance of their duty. The judge's initial ruling also seems to be an extreme position. As is many times the case, the best solution is somewhere in the middle.

Pharmacy owners need to be clear with their staff about diversion and addiction prevention. Establishing a culture of judicious and sensible dispensing of controlled substances starts with owners and managers of the pharmacy. Owners who concentrate on volume will get less discernment from their staff pharmacists as the staff will likely feel pressure to fill all controlled substance prescriptions. The DEA believes that the law does not require a pharmacist to dispense a prescription of doubtful, questionable, or suspicious origin. The pharmacist is making a real-time decision with the conflicting pressures of prevention of diversion or addiction and patient care. It seems unreasonable that the pharmacy has no duty in this situation. Yes, the pharmacist is on the frontline and has to make the decision, but the pharmacy and its owner create the environment where this decision must be made. The pharmacists can't make these decisions in a vacuum. Discussion with the

prescriber will probably be necessary. Perhaps discussions with the patient will also be necessary. The pharmacist can then use this information in conjunction with their professional knowledge, experience and judgment.

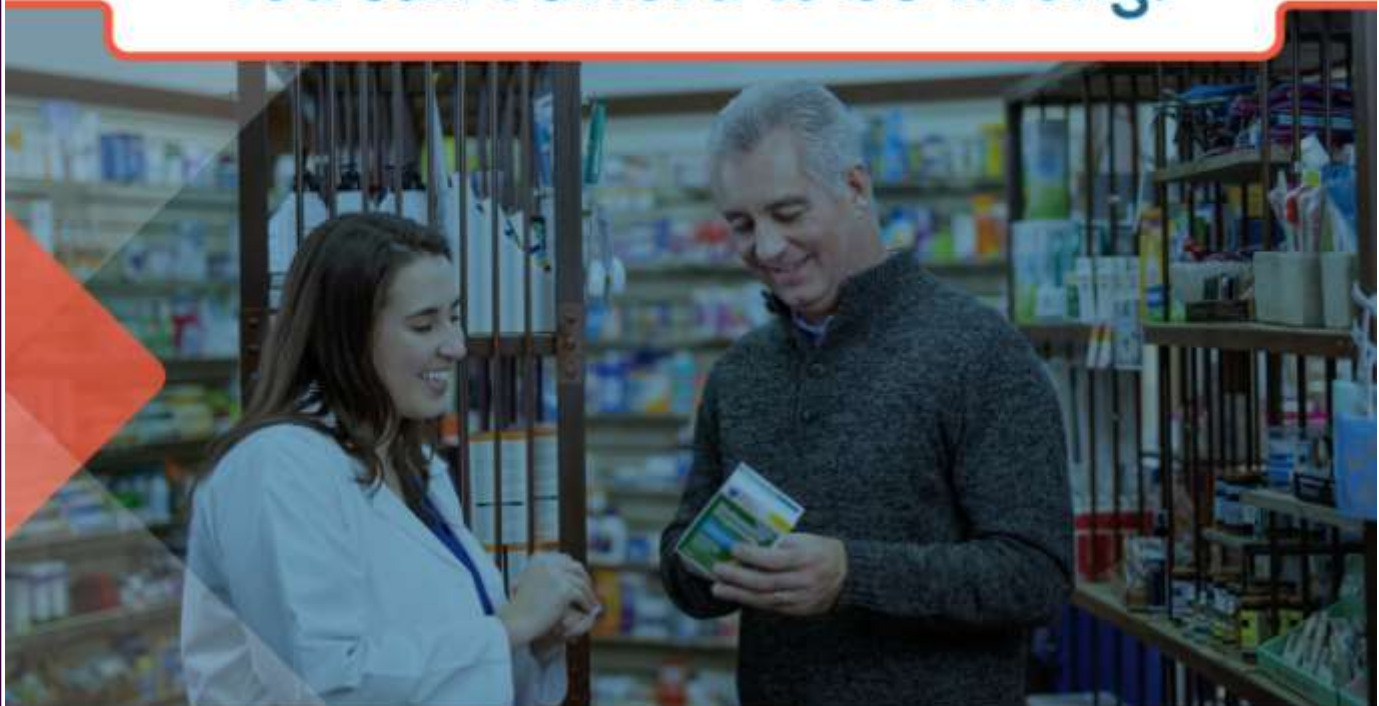
Another portion of the filings in this case discussed the pharmacy's duty to train their staff pharmacists to properly handle prescriptions for opioids and to establish policies and procedures to prevent their pharmacies from facilitating the diversion of opioids. While this duty is not explicitly spelled out in the DEA regulations, it seems to be implied in the pharmacy's duty to protect public health and safety. The judge's initial ruling went into a lot of detail on what he thought was acceptable and went far beyond what someone could easily infer from the regulations. The judge stepped back from this initial position when he denied the motion for reconsideration.

What can we learn from this case? There will be a continued focus on the doctrine of Corresponding Responsibility going forward. The law continues to evolve and yesterday's solution will not be sufficient for tomorrow. Pharmacists have an independent duty to the patient and are not merely order takers for the physician. Following the physician's orders is no longer a sufficient defense when a patient is harmed by a prescription when the pharmacist could have intervened. The pharmacy needs to create a team atmosphere and assist their pharmacists as they make these important patient care decisions.

© Don R. McGuire Jr., R.Ph., J.D., is General Counsel, Senior Vice President, Risk Management & Compliance at Pharmacists Mutual Insurance Company.

This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies, and act accordingly.

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How Many Tests Need to Be Performed to Know that a Batch of Pills is Safe?

Drug importation can only work if the medicines are **SAFE** and **COST LESS** WHEN INCLUDING THE COST OF TESTING.

Here is how many pills need to be tested to reach statistical certainty.

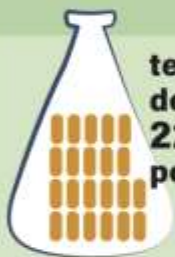


But what if you have a lot of pills?



How many would you need to test to know that they are **SAFE**?

Depends on **HOW CERTAIN** you want to be.



testing & destroying **22 pills** per batch

statistical certainty **= 90/100** remaining pills are good

BUT that means **1/10** pills could be **FAKE**



If you need medication to manage a chronic condition, is a 10% chance that the pill in your hand is fake or substandard a risk you can take?

If you want a higher level of certainty, you need to keep testing.

To never worry that your pills are fake, you need **99.999% certainty**.



1,151,287 pills must be tested

All those pills must be from the same batch and would cost on average

\$3,166,039,250

All of these tests will eat up any savings that American patients might see by allowing prescription drug importation.

To learn more about this topic, read "State Pharmaceutical Importation Programs: An Examination of the Cost Effectiveness of Pharmaceutical Importation" by Dr. Kristina M.L. Acri née Lybecker at <http://safedr.ug/DrAcri>.

Technician Corner

Information taken from the PTCB Website
From a news release on Dec 10, 2020

PTCB Release Advance Technician Certification for Experience Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB), the nations leading credentialing organization for pharmacy technicians has launched its Advanced Certified Technician Certificate (CPhT-Adv) credential. Certified Pharmacy Technicians can earn the new **advanced credential when they complete at least 4 of PTCB's specialty assessment-based certificate programs, or three certificate programs plus PTCB's Compounded Sterile Preparation Technician (CSPT) Certification, and have three years of work experience in pharmacy.** Pharmacy Technicians are immersed in a growing variety of specialized roles across practice settings. PTCB Executive Director CEO **William Schimmel said, "technicians want to demonstrate their extensive knowledge in specialized areas of pharmacy and show their commitment to advancing patient care and medication safety. "The new advanced CPhT credential is a significant achievement for pharmacy technicians who seek recognition for their training and expertise,"** said Schimmel. **"PTCB is resolved to support advanced career paths for pharmacy technicians. Our assessment-based certificate programs and the new CPhT-Adv credential validate technician knowledge and skills in essential specialty areas."**

CPhTs who earn the CPhT-Adv Certification are required to complete continuing education and renew on a regular basis to maintain an active status.

CPhTs can learn more and apply for PTCB credentials at ptcb.org/credentials

Specialty Assessment-Based Certificate Programs

- Technician Product Verification Medication History
- Controlled Substance Diversion Prevention Billing and Reimbursement
- Hazardous Drug Management
- Immunization Administration (Coming 2021)

Current PTCB Certification Programs

- Certified Pharmacy Technician (CPhT)
- Certified Compounded Sterile Preparation Technician (CSPT)
- Advanced Certified Pharmacy Technician (CPhT-Adv)



Continued from Page 1

To share little bit about my family and myself. Prior to attending the Pharmacy School at the University of Wyoming, I received my Bachelors of Science in Business administration, and worked as a Commercial Insurance Underwriter. Then I joined my husband serving 5 years as enlisted in the Army National Guard, before commission and serving 6 years in the Wyoming Air National Guard. During this time I had the honor of serving as a Tillman Scholar, and Paul Ambrose Scholar. I graduated with my Doctorate of Pharmacy and Executive Masters of Business from the University of Wyoming in 2016. Upon graduating my husband retired in from the military and I attended a PGY1 residency in Alaska, before accepting a position with Cardinal Health as a Pharmacy Director. I have worked as Pharmacy Director for Memorial Hospital of Carbon County, and Memorial Hospital of Sweetwater County. In addition I have experienced community pharmacy practice as staff pharmacist at Walmart, Weston County Health Services, and Bear Lake Community Health Centers. We enjoy spending time outdoors as a family, and raising our kids in rural Wyoming with all the experiences that we had as children.

At right—Dr. Joy Ohnstad being congratulated by former UW– SOP Dean John Vandel for being the first PharmD/MBA graduate at UW.



2020 WPhA/WSHP Convention:

With all of the challenges brought upon us this year, WPhA offered the first ever hybrid delivery of the annual convention. Participants came to Little America in Cheyenne for an in-person experience as well as tuned in online for networking, education, and fun! WPhA hopes to continue to offer online educational opportunities to increase accessibility for members.



Kristen Jones, Linda Martin, and Jennifer Nevins gave a presentation titled Opioid Stewardship: A Quality Approach. This presentation was followed by a panel of experts consisting of Antionette Brown, Melinda Carroll, Zane Nevins, Thanh-Nga Nguyen, and Leena Myran, and Aimee Lewis. WPhA seeks to provide continuing education on the “hot and relevant” topics and issues in the profession.



During the convention one of many of our amazing speakers was Tonja Woods. The title of her presentation was “**Practicing at the Top of Your Training! Collaborative Practice in Wyoming**”. Not only was the presentation extremely informative, but she was even able to deliver her talk remotely through zoom!

Every year, WPhA honors pharmacists, technicians, and pharmacy students for their hard work and dedication to the profession. A special thank you to all the award winners, keep up the amazing work!



Antionette Brown was the **2020 recipient of the “Bowl of Hygieia” award** for her years of hard work and dedication to the profession of pharmacy as well as her community. Congratulations to Dr. Brown!!



Pictured above: Melinda Carroll and Craig Frederick. Melinda Carroll received the **“2020 Past President’s Leadership award”** for her tremendous dedication to WPhA! Congratulations Melinda!

Kevin Page was this year’s **“WPhA student of the year”**. Kevin planned policy nights for the APhA-ASP to help draft policy resolutions for MRM. Kevin also helped to host legislative day to advocate for provider status for pharmacists to members of the state legislature. Congratulations Kevin!



Other Award 2020 Award Winners

NCPA: Pharmacist Leadership Award — Dr. Joy Ohnstad, PharmD, MBA

Pharmacists Mutual Distinguished Young Pharmacist — Keith Bennett, PharmD

WPhA Technician of the Year — Steve Logan, CPhT

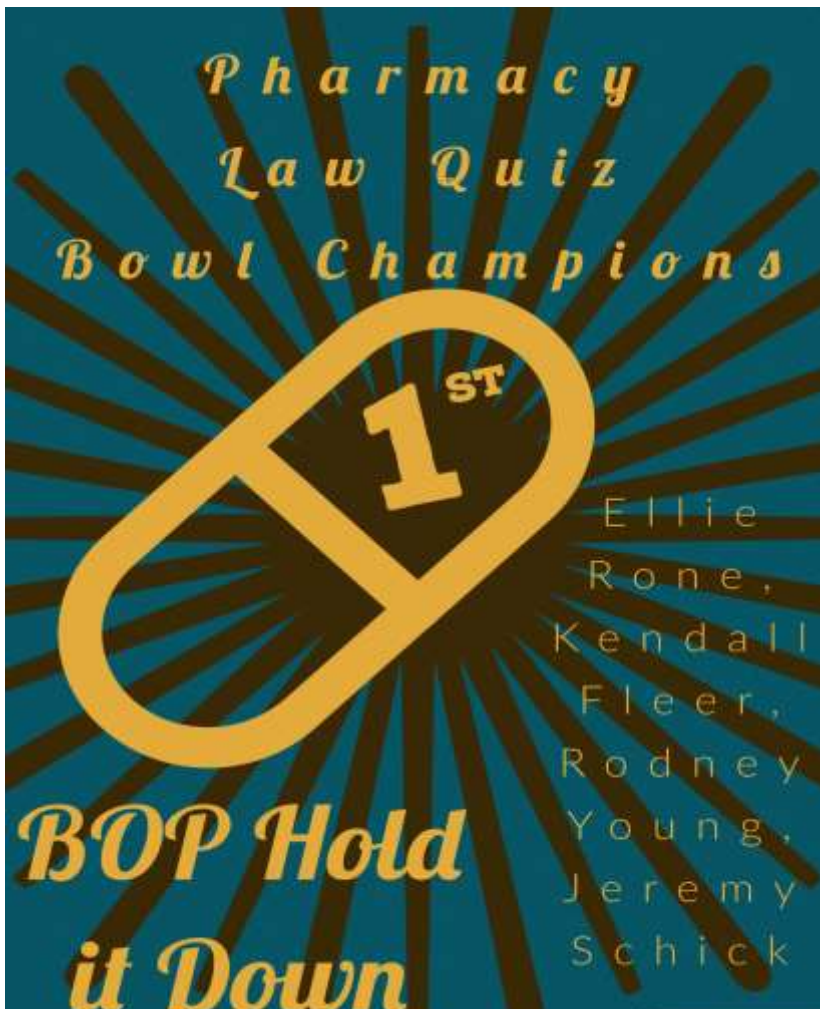
Upsher Smith Laboratories Excellence in innovation — Nathon Parker, PharmD

Brown and Gold Sponsor — McKesson Corporation

Convention Fun!!!



The 2020 convention was one to remember with the addition of the first ever Pharmacy Law Bowl. Teams went head to head in person and online in a series of pharmacy law related questions. Trash talk and fun was had by all! Special thanks to Jennifer Steiner for all of her hard work in coordinating the event. Another thanks to Kem Krueger for co-hosting and keeping the crowd in check! Start studying for next year folks!



Tied for Second Place:

1. **I'm Just Here for the Extra**

Credit

- James Graber
- Jada Jensen
- Marcela Gramcko
- Lauren Hinckley
- Danna Hanks

2. LATE Entry Pharmacy Staff

- Jen DiNino
- Randy Harrop
- John Arros
- Melinda Carroll
- Craig Frederick





In years past, the WPhA/WSHP annual convention has been an amazing networking opportunity! Despite the challenges this year, these pharmacists were able to network with each other all the while social distancing. Looking forward to future conventions, and their networking opportunities with other pharmacists, as well as vendors.

Pictured Right: Kem Kruger, Dean of the University of Wyoming School of Pharmacy gives a report about the University. WPhA and the University of Wyoming School of Pharmacy have worked hand in hand for many years to involve students and improve the future of pharmacy.



Kim Ward and Daniel Martinez are here presenting on COVID in retail pharmacy and the role of pharmacies in testing and immunizing for COVID.

APhA-ASP Student Chapter Update

WPhA supports the APhA-ASP student chapter at the University of Wyoming School of Pharmacy through the student fund action. Despite the challenges posed by Covid-19 pandemic, the UWSOP APhA-ASP chapter was able to use creativity and ingenuity to keep the chapter and the community involved and healthy.



Chapter members met with State Representative Liz Cheney to advocate for PBM reform during legislative week. APhA-ASP and WPhA members teamed up to learn more about PBMS and advocate for their regulation at a federal level. Members advocated for transparency in multiple aspects of PBM practices. Pictured above from top right to bottom left (Kem Krueger, Ellie Rone, Danna Hanks, Aislinn O'kane, James Graber, Marcela Wietstruck, Jada Jensen, and Mercedes Grove.



Chapter members met to talk about policy and draft ideas for resolutions. Special guest and WPhA executive director Craig Frederick came to talk about **WPhA's role in advocating for the pharmacy profession** as well as the importance of legislation. The chapter took a resolution to MRM that focused on pharmacy sustainability. The idea came from chapter members, and was drafted by members after policy night.



Want to stay up to date on what the student APhA and ASHP chapters are doing? Follow us on instagram and facebook @wyoaphaasp and @wyomingsshp.

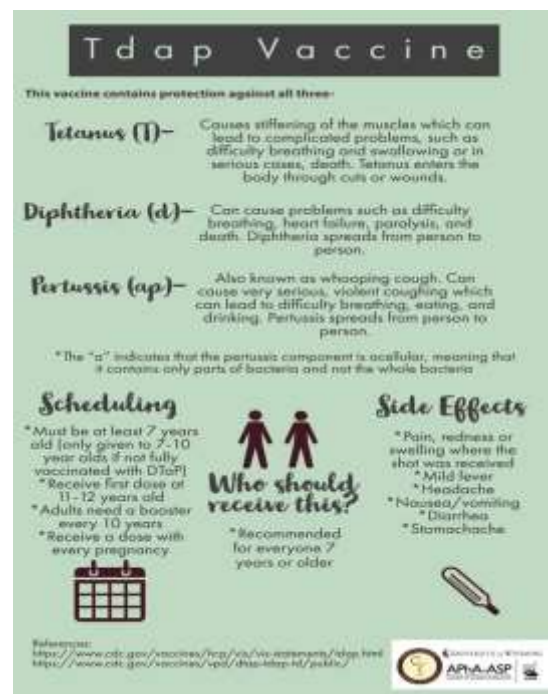


This last semester, the APhA Chapter at the University of Wyoming School of Pharmacy hosted a school-wide competition that was based on miles (walking, running or biking). Using the Charity Miles app, teams were created for each of the four pharmacy classes. Each class had their own team, as well as the faculty/staff. The challenge was open to the community as well, allowing friends and family to join the fun as well. Members of the team that logged the most miles each won a unique sticker for their efforts, and the top participant won a gift card. This challenge allowed members of the school to stay connected during a unique and isolating time- and encouraged participants to stay active and spend **time outside**. This year's logo was designed by Olivia Salazar.



This semester, chapter members involved in the **Women's Health Initiative** raised **\$724** for Laramie Reproductive health. Participants constructed a bra. The designs were posted with the opportunity to donate/ vote for their favorite bra. The Bra with the most money was the winner: congratulations to Ellie Rone for her winning design. And thank you to all those who participated in this fun event. Flyer Designed by Marcela Wietstruck.

Operation Immunization worked hard to produce a poster campaign to promote education about vaccinations. With the help of chapter members, credible vaccination information was able to reach many people. Poster constructed by Lauren Hinkley.



WHY JOIN WPHA?

Mission Statement:

The mission of the Wyoming Pharmacy Association is to advance the practice and profession of pharmacy through education, understanding, and promotion.

1 ADVOCACY

Be a part of an association that is committed to advocating not only for the profession of pharmacy, but for legislative changes to improve upon and expand the profession.

2 STAY UP-TO-DATE

The field of pharmacy changes rapidly. WPhA is committed to helping provide the most up to date and accurate information to its members.

3 CONTINUING EDUCATION

Procrastinating those CE credit hours? WPhA provides its members with opportunities to get those continuing education hours through various events held throughout the year.

4 TECHNICIAN SUPPORT

Pharmacy technicians are the backbone of the profession of pharmacy. WPhA is committed to providing our member technicians with education as well as advocating for the expansion of a technician's role within the profession.

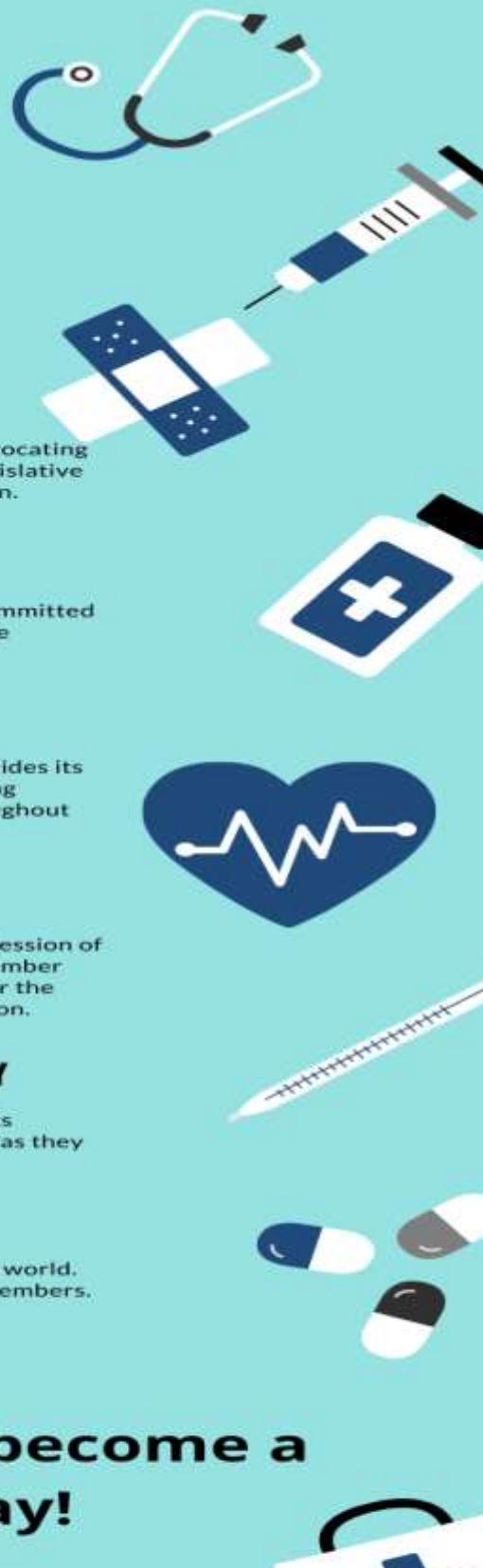
5 THE FUTURE OF PHARMACY

We were all students once. WPhA strongly supports student technicians as well as student pharmacists as they learn and become the future of pharmacy.

6 CONNECTIONS

The field of pharmacy, as it has been said, is a small world. WPhA provides networking opportunities for its members. WPhA also recognizes members that are making a difference in the profession.

Go to wypha.org to become a member today!



We invite you to take an active role in working to better pharmacy in Wyoming.
JOIN the Wyoming Pharmacy Association TODAY!
Join at WyPhA.org or fill-out the form below

Wyoming Pharmacy Association Membership Application

Name _____
Address _____
City _____ State _____ Zip _____
Phone (h) _____ (w) _____
Email (required) _____
Place of Business _____

Circle all that apply:
Academia Retail Pharmacy
Health-Systems Pharmacy Home Health Care Pharmacy
Other: (please specify) _____

If you would like to be involved in the following group, please check below:

_____ Wyoming Society of Health-Systems Pharmacy
(no additional membership if required to belong to WySHP)

Type of Membership

- Active Pharmacist \$150
- Retired or Out-of-State Pharmacist \$ 50
- Pharmacy Technician \$ 25
- Pharmacy or technician Student..... \$ 10**
- Donation to Student Fund \$ _____

Total Amount \$ _____

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PO Box 224



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1/L

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