

# Pharmacy Post

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#### **State Board Considers Rule Changes**

For the Wyoming State Board of Pharmacy it seems like updating the Pharmacy Act and Controlled Substance Act Rules is a neverending process as the rule making process in the State of Wyoming is a long, tedious process and pharmacy practice is constantly changing. Despite having some rules finally approved and signed by the Governor in December, the State Board is exploring changes in a number of chapters; the Wyoming Pharmacy Act (WPA) Chapters 2, 3, 6, 9, 10, 12, 16, 18 and 20, with chapters 3, 6, and 8 of the Controlled Substance Act (CSA) being examined. Some of these chapters may not many changes, and perhaps nothing significant, where as some chapters will be looking at numerous changes, drastically effecting how pharmacy is practiced in retail, health systems, and clinical settings. Chapter 2 of the WPA, the largest chapter in the Act,

Many parts of this chapter are being placed in other chapters that better correspond with the context of the rules. There have been significant discussions involving the role, responsibility, and liability of the PIC, shifting greater responsibility of the "owner" of the pharmacy, rather than the individual in the PIC role.

The sterile compounding rules continue to reference USP 797 Rules, although those seem to be constantly evolving as well. Institutional pharmacy rules are being evaluated to ensure the best patient care possible, taking into account the varying sizes of hospitals in our state.

The expanding of pharmacy technician roles is certainly an area that has received a lot of discussion and effort. Some of the desired "rule changes' will actually need a change in statute, so legislature approval will be necessary. WPhA is very active in monitoring these rule changes and giving input on the rule changes. Please reach out to WPhA if there is information that you would like to share.



Kelsea Zukauckas, a University of Wyoming P4 Student, has been awarded a 2019 APhA Foundation Student Scholarship Recipient. Kelsea has been active in APhA-ASP as she was the Region 5 Regional Delegate. She also was very active in WPhA, serving as the student liaison, Legislative Day coordinator, conference presenter, and policy expert.

#### 102nd WPhA/WySHP Annual Convention

The Annual Convention will be June 28-30th in Casper at the Ramada Plaza and Conference Center. Look at pages 8 to 12 of this newsletter for details regarding this great event. The format is different, going from Friday evening through Sunday at Noon. Please Join Us!!

Wyoming Legislature Passes "Gag Order" Bill The legislature passed HB0063, which is similar to federal legislation passed in October of 2018. This bill makes it illegal for contracts between pharmacy benefit managers (PBMs) and pharmacies to contain language that prohibits pharmacies from discussing "cost-sharing" information with members, as well as presenting alternatives to the medication prescribed to the patient. There are instances where a patient can save money if the pharmacy can openly discuss alternatives with the patient and this bill helps facilitate that. WPhA initiated this bill sponsored by Rep. Dan Kirkbride of Chugwater. Through face-to-face negotiations, lobbying legislators, and multiple testimonies, a successful result was achieved. Contact Executive Director Craig Frederick if you have questions.

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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.

#### MARIJUANA DEVELOPMENT

Back in 2014, this series explored the legality of marijuana, medical and otherwise, as state laws diverged from Federal law. This divergence started with California in 1996. Two concepts discussed in that article have not changed; the Supremacy Clause and Enforcement Discretion.

The Supremacy Clause is a provision in the United States Constitution and it states that Federal law is supreme to state law. Generally, states may enact laws that are more stringent than Federal laws, but not more lenient. For example, a state can move a Schedule III up to a Schedule II or move a non-controlled drug into Schedule IV within their borders. But a state is unable to move a Schedule II down to Schedule III. This is a basic tenet in the relationship between Federal and state laws. However, this tenet seems to have been forgotten as states moved to legalize marijuana and associated products within their borders.

The caveat here is that the agencies always have the ability to change their minds.

Two recent developments have the potential to radically change the marijuana discussion. The first is the publication of a DEA internal directive on May 22, 2018.<sup>2</sup> The clarification provided in this directive is that products and materials made from the parts of the marijuana plant that are not included in the definition of marijuana under

2

One reason that this has occurred is another concept known as Enforcement Discretion. This occurs when an agency responsible for the enforcement of a law decides to not enforce that law. An earlier example of this concept was the importation of prescription drugs from Canada. The Food & Drug Administration (FDA) stated that all importation was illegal, but they exercised their discretion and would not prosecute those bringing in these drugs for their own use. In essence, the activity is still illegal, but the agency chooses to do nothing about it. The Drug Enforcement Administration (DEA) has been following this course since at least the publication of the Ogden memo in 2009.

<sup>1</sup> Article 6 - This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.

https://www.deadiversion.usdoj.gov/schedules/mariju ana/dea\_internal\_directive\_cannabinoids\_05222018. html

the Controlled Substances Act (CSA) are not themselves controlled under the CSA. The directive goes on to say, "the mere presence of cannabinoids is not itself dispositive as to whether a substance is within the scope of the CSA..." This is a reversal from the position taken by DEA in a news release in 2001 that stated that any product that causes THC to enter the human body is a Schedule I substance. Essentially they were saying at that time was that any product that has any THC in it is a controlled substance. What this change in direction might mean for future enforcement actions by DEA is uncertain at this time.

The second recent development was the introduction of a bill by Senator Charles Schumer of New York on June 28, 2018.3 This bill may render the previous discussions moot. The main objective of the bill is the removal of marijuana and THC from Schedule I of the CSA. The bill also amends a number of U. S. Code sections to remove marijuana and THC from them. Examples of these include removing them from the definition of felony drug offense and from the mandatory sentencing guidelines. If marijuana and THC are no longer Schedule I substances, there is no longer any disconnect between state and Federal law. The states would clearly be free to regulate marijuana as they see fit.

The law also creates some other related funds and requirements. First, the bill creates a fund to provide small business loans to women and socially and economically disadvantaged people who want to operate a marijuana business. It also directs the National Highway Traffic Safety Administration to study the impact of driving under the influence of THC on highway safety. The bill goes on to direct the Secretary of Health and Human Services to conduct research on various health issues involving marijuana, such as the effects of THC on the brain, efficacy of

marijuana as treatment for specific conditions, and the identification of additional medical uses for marijuana. The bill would also restrict advertising of marijuana products if needed for the protection of the public health, especially for individuals who are 18 years old or younger. Lastly, the bill would provide funds for grants to states to allow them to set up programs to expunge previous marijuana convictions.

If passed, this bill would completely change the conversation on marijuana in the United States. There has been a huge shift in public opinion on this issue, especially in the last 20 years or so. It is too early to tell if the bill has enough support in Congress to get passed. If anything gets in the way, it may be the additional requirements and studies that are created in the bill. Each of them comes with their own appropriations, so the fight may come down to the budget. Stay alert for new developments – there will almost assuredly be more coming!

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

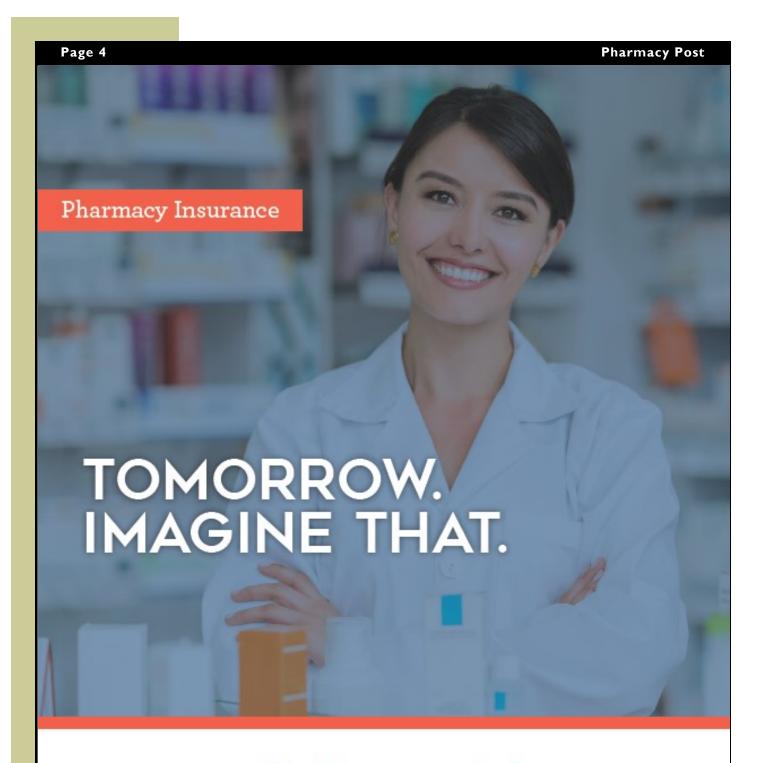
This article discusses general principles of law and risk management. It is not intended as legal advice. Pharmacists should consult their own attorneys and insurance companies for specific advice. Pharmacists should be familiar with policies and procedures of their employers and insurance companies,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

The Wyoming Legislature this year passed HB0171 that begins to show more support for HEMP products, in both use and production. A summary of the bill states:

- The bill removes hemp and hemp products from regulation by the Wyoming Controlled Substance Act
- The bill requires the Attorney General, as Commissioner of Drugs and Substances Control, to conform Wyoming's controlled substance regulations to changes in federal law.
- The bill allows hemp production and hemp processing with rulemaking authority by the Department of Agriculture including submitting a state plan to federal agencies.
- In order to be considered Hemp, the THC levels must be less then 0.03%.

To see the bill in its entirety, visit the Wyoming State Legislature Website. Www.wyoleg.gov

<sup>3</sup> Marijuana Freedom and Opportunity Act - https://www.congress.gov/bill/115th-congress/senate-bill/3174/text?q=%7B%22search%22%3A%5B%22schumer+marijuana%22%5D%7D&r=1





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All products may not be available in all states and territories.

#### Opioid Task Force Process Explained

The 2018 Wyoming Legislature passed SFOO78 forming an Opioid Addition Task Force. On July 9<sup>th</sup>, 2018, the task force met for the first time in Riverton, Wyoming. The meeting was held over two days to discuss strategies to combat opioid misuse and abuse in the state of Wyoming. Due to the increased media attention given to the opioid crisis and the need for innovative ideas for dealing with this crisis, the governor assigned experts in medicine, public health, pharmacy and nursing to work together with legislators to create a solution.

During the two days in Riverton, various Wyoming agencies provided updates on opioids. The agencies included Department of Health, Board of Pharmacy, Board of Nursing, State Board of Medicine and the Attorney General/Division of Criminal Investigation. After the conclusion of the updates, the public was able to ask questions and provide comments.

A summary of the recent actions taken in other states regarding opioid monitoring, prescribing and use was presented at the meeting. After that discussion, the task force focused on several key ideas. First, requiring prescribers to check the prescription drug monitoring program (PDMP) prior to initiating a patient on opioids. Secondly, mandating opioid education for all prescribers and pharmaciets. Lastly, a discussion about limiting the day supply for certain opioid prescriptions was addressed.

cists. Lastly, a discussion about limiting the day supply for certain opioid prescriptions was addressed.

A second meeting was held August 29<sup>th</sup> in Cheyenne to discuss the nine different bills that produced after the first meeting in July. The bills included previous recommended items such as mandatory PDMP use, mandatory provider education, prescribing limits as well as bills that addressed child endangerment, exempting veterinarians from mandatory PDMP reporting, mandatory electronic controlled substance prescriptions, and updating current laws to reflect the term opioid instead of opiate.

The pieces of legislation, if passed, that will affect pharmacy have been combined into one working draft save for opioid pre-

The pieces of legislation, if passed, that will affect pharmacy have been combined into one working draft save for opioid prescription limits.

The first part of this draft addresses mandatory education and includes all practitioners that have a controlled substance registration including pharmacist. The language that will be used to amend the statutes states; In addition to any other continuing education requirements under this section, the board shall require three (3) hours of continuing education related to the responsible prescribing of controlled substances every two (2) years. All members of the task force and those that were in the audience representing stakeholders agreed to this with overwhelming acceptance.

Following education is mandatory electronic controlled substance prescriptions. This will require all controlled substances in any schedule to be sent electronically. This would go into effect by January 1<sup>st</sup> of 2022 and would exclude those controlled substances that are dispensed directly to the patient by the provider. This was debated by some and did have some resistance from a few on the task force; however, it did has with a strong majority.

force; however, it did pas with a strong majority.

The task force also agreed upon mandatory check of the PDMP. This will require practitioners to check the PDMP when first prescribing schedule II through V controlled substances and repeating the check no less than every three months while the medication remains part of the treatment plan.

The final piece in the combined legislation includes the ability of the Medicaid director or their designee to request in writing PDMP information regarding individual patients, practitioners, pharmacists, and pharmacies. This information has to identify a specific Medicaid recipient and may not be used to conduct non-individualized data matching queries. This topic was hotly debated and not well agreed upon. It passed with a slight majority of the task force.

The final piece of legislation that would directly affect pharmacy and dispensing practices involved those of prescribing limits for opioid prescriptions. This topic was very controversial which is why the task force co-chair decided to hold this as an individual piece of legislation. The proposed language states that no practitioner may prescribe an opioid or an opioid containing product for acute pain to an opioid naïve patient for greater than 14 day supply in a 14 day period. Opioid naïve is defined as a person that has not had current opioid treatment in the 45 days. The bill does allow boards to determine exceptions to the limits that include chronic pain, palliative care, and cancer pain. This was a dramatic change, beginning language stated the limit would be 7 days, 100 morphine milligram equivalents, and did not specify acute pain or opioid naïve. This passed the task force with a very small majority and voted against by most of the health care providers on the task force.

Melinda Carroll PharmD Wyoming Pharmacy Association President

#### Opioid Task Force Bills in Legislature

Although the task force worked diligently to produce effective legislation, the final results were not exactly as the task force presented. There ended up being 3 bills that were the work of the task force. One bill, SF0045 was just some definition clean-up and passed easily. The second bill, SF0046 dealt with prescription limits. After great discussion and an amendment presented in the House Labor/Health Committee, the bill was passed that states it is illegal to prescribe or dispense an opioid to an opioid naïve patient (has not received an opioid prescription in the last 45 days) for a period longer then **7 days**. The Board, by rule, can develop exceptions and the bill goes into effect buly 1, 2019

bill goes into effect July 1, 2019.

The final bill, SF0047, does 3 main things: 1) it requires health professionals that prescribe or dispense opioids to receive a minimum of 3 hours CE every two years. For pharmacists, its 1.5 hours every year. Also, a last minute amendment on the floor of the house lowers this requirements for physicians hour every 2 years (?????) 2) Requires electronic prescriptions for controlled substances had an account of the physician of the prescribing a controlled substances.

beginning January I, 2021. 3) Requires prescribers (except veterinarians) to check PDMP prior to prescribing a controlled substance. WPhA was very active in the legislative process involved with these bills. President, Melinda Carroll was a strong voice on the Opioid Drug Task Force, and Executive Director, Craig Frederick, testified numerous times at the legislature, offering amendments and general education to legislators. To view these bills in their entirety, see the Wyoming Legislature web page, www.wyoleg.gov.

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## Technician Corner

# PTCB Developing Advanced CPhT Credential

This is a section of Pharmacy Post dedicated to Pharmacy Technicians; current issues, development ideas, or just general Technician discussion. This edition's information was written by Laura Humphrey on Mar2019 and taken from the PTCB Website

#### Five New Advanced Assessment-Based Certificate Programs Will Precede Rollout

**WASHINGTON, DC** -- The Pharmacy Technician Certification Board (PTCB), the nation's leading certifying body for pharmacy technicians, will expand its credentialing programs by adding five assessment-based certificate programs for advanced technician roles, and an Advanced Certified Pharmacy Technician (CPhT-Adv) credential. The new assessment-based certificate programs will recognize the important contributions pharmacy technicians make to advance medication safety. Candidates seeking to be a CPhT-Adv will be required to have earned at least four of the new certificates to be eligible.

Pharmacy technicians are increasingly immersed in a variety of advanced responsibilities while pharmacists become more involved in direct patient care. According to William Schimmel, PTCB Executive Director and CEO, technicians are seeking ways to demonstrate their advanced knowledge in specific roles and show their commitment to medication safety. "Assessment-based certificate programs are an important step for pharmacy technicians who seek recognition for their education and training, and their dedication to patient safety," Schimmel said.

The five certificate programs under development are:

- Technician Product Verification (Tech-Check-Tech)
- Medication History
- Controlled Substance Diversion Prevention
- Billing and Reimbursement
- Hazardous Drug Management

Candidates must hold an active PTCB CPhT certification and complete a PTCB-recognized education/training program to be eligible to apply for the certificate programs. Current PTCB CPhTs who have completed at least four of the certificate programs and 3 years of work experience will be eligible to earn a CPhT-Adv as early as mid-2020. PTCB is committed to ensuring its credentials adhere to the most up-to-date medication safety standards as pharmacy technicians take on more responsibilities in their pharmacy careers, according to PTCB Certification Council Immediate-Past President David Bright, PharmD, BCACP, Associate Professor in the Department of Pharmaceutical Sciences at Ferris State University College of Pharmacy in Big Rapids, MI. "PTCB is resolute in recognizing advanced career paths for pharmacy technicians by offering the new Advanced CPhT credential built on certificate programs that validate technician capabilities and adhere to rigorous safety standards," said Bright.

Experts, including PTCB staff, pharmacists, technician educators, and CPhTs are developing the assessment-based certificate programs, beginning with the Technician Product Verification (Tech-Check-Tech) and Medication History programs, which are expected to be available later this year.

"PTCB is fortunate to be working with experts who are deeply knowledgeable and highly experienced in these areas to build the new assessment-based certificate programs," said Levi Boren, PhD, PTCB Senior Director of Certification, "PTCB is committed to developing advanced certificates that combine rigorous and valid exams with completion of high quality targeted education."

CPhTs who earn the CPhT-Adv credential will be required to complete specific continuing education and renew on a regular basis to maintain its active status.

PTCB currently offers two certification programs: the Certified Pharmacy Technician (CPhT) offered since 1995, and the Compounded Sterile Preparation Technician (CSPT™) launched in 2017. Assessment-based certificate programs will be a new type of PTCB credential with different requirements from certification programs.



### UW Students Promote Pharmacy through Health Fairs



University of Wyoming School of Pharmacy students host a community wide health fair in Laramie in October. The fair consists of over 40 booths representing many health disciplines, pharmacy and other campus student organizations, point-of-care testing, and immunizations.

point-of-care testing, and immunizations. The students also host a smaller scale fair at the legislature each year. The pictures to the right and below are Wyoming Senators Stephen Pappas and Fred Baldwin receiving care and education from UW Students.







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## 102nd Annual WPhA/WySHP Convention June 28-30, 2019

Make plans to attend the annual convention in Casper. There will be up to 10 hours of education, great opportunities to network, and discuss current trends with vendors. The conference will have a different schecule then in years past, as the conference will end Sunday at Noon. Continue reading for more information about this year's meeting.

#### **Educational Programming**

The Board of Directors from the Wyoming Pharmacy Association and the Wyoming Society of Health System Pharmacy hope to provide educational presentations on current topics that will assist to further the practice of pharmacy in Wyoming. This convention will also be a great opportunity to network with colleagues, catch up with old friends and make new friends. Pharmacists and technicians will be able to earn up to 10 hours of ACPE credit. Some educational topics will include:

- Wyoming State Board of Pharmacy Update
- A representative from the FDA to discuss current policy and issues.
- USP 800 and it's impact on pharmacies
- Clinical Controversies and other clinical based education.
- Opiate use education
- Immunization related credit
- Leadership skills improvement and training.

#### 2019 WPhA Resolution Form

The Wyoming Pharmacy Association Bylaws can be found at www.wpha.net under the *About WPhA Tab*. If you would like to see changes to the bylaws or policy position, please complete form and send to director@wpha.net *by June 10, 2019.* 

to director@wpha.net by June 10, 2019.		
Resolution by:	Date:	
Title of Resolution:		
Resolution:		
Reason for Resolution:		

One of the most exciting events at the Annual Convention is recognizing those in pharmacy that are excelling in their practices and communities. Some of last years awards winners are shown below.



**Bowl of Hygeia Award Winner** Stephen Rogers of Powell (shown with members of his family) won the prestigious Bowl of Hygeia Award. This award recognizes both pharmacy and community service involvement. Stephen has served the community of Powell for 44 years. Despite owning a very busy pharmacy, he never neglects to take the time to interact with his patients, and make sure their questions and concerns are addressed.

#### **Excellence in Innovation Award**

The recipient of this award was Dave Bruch, instructor at the University School of Pharmacy. He was selected for his significant innovation in the methods he uses to not only educate, but also fuel a passion for the profession of pharmacy in his students.

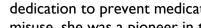
**Distinguished Young Pharmacist** 

Bree Bertz of Casper was selected as the winner in 2018. Her efforts in working alongside physicians and nurses in critical care situations, breaking down silos, growing the respect for pharmacists as an integral piece of the healthcare team as well as her hard work and dedication to providing high quality patient care earned her this award designated for pharmacists in their first 10 years of practice.



Renee Gallegos was recognized for her great service as a WPhA Board Member and an innovator in expanding technician roles as she conducts medication reconciliation for UC Health in Cheyenne.

Technician of the Year



**Rx Champions Award** 

award from WPhA Secretary lenifer Steiner. Selected for her dedication to prevent medication misuse, she was a pioneer in the Wyoming Law allowing pharmacists to prescribe naloxone as well as educating the state on naloxone prescribing.

**Cardinal Health Generation** 

Melinda Carroll (left) receives her

#### Pharmacist of the Year Award

The recipient of this award is Dave Pestotnik. Director of Pharmacy for the Wyoming Medical Center. His hard work has transformed the department and led to the creation of the Pharmacy Residency Program at WMC as well as the creation of the Emergency Room Pharmacy Program.



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#### Sponsoring the Convention

Thank you Mckesson for being a Brown and Gold Sponsor and your continuous support of WPhA! There are numerous ways to support the Annual Convention, besides being a Brown and Gold sponsor, there are opportunities to sponsor meals, breaks, or hosting our welcome reception.

# Your Competitive Advantage

To help you maintain and grow your business, Health Mart delivers a complete solution driven by **three principles of successful retailing** 

- Attract New Customers with national and regional advertising, public relations campaigns, distinctive consumer-preferred branding and décor, and local marketing tools.
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Contact your local McKesson representative Kirk Saltzgaber, District Sales Manager for Denver kirk.saltzgaber@mckesson.com | 303.375.3401

www.HealthMart.com



#### **Registration Information**

Important Note: We appreciate your support! You must be a current WPhA member to receive the member discounts. If you need to pay your dues, please check the appropriate box at the bottom of the registration form to receive the member benefit discounts to attend the convention. To register securely on-line, go to www.wpha.net and click on the education and events tab.

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Cancellation/Refund Policy: Written cancellations received will be charged a \$40 administrative processing fee.

All cancellations must be received in writing. No refunds for no shows.

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#### **Board Members Needed!!!!!**

The Wyoming Pharmacy Association will be nominating a Vice-President, Treasurer, four (4) Director's positions, and a pharmacy technician director on Saturday, June 29th. These positions will be voted upon and installed on Sunday, June 30th. If interested in an open position, please submit your resume and letter of intent by June 1, 2019 to **director@wpha.net**.

If you are unsure of the requirements or are interested but are unable to attend the Annual Convention, please contact Craig Frederick at director@wpha.net or call 307-331-0371.



#### Host Hotel

The Ramada Plaza and Conference Center by Wyndham will be the location of the conference this year. Call to make your reservations as soon as you can to receive a highly discounted rate. Please call the Casper location directly at 307-215-8515 to receive the Wyoming Pharmacy Association discount. The address is 300 West Fort St, Casper, WY 82601.

The hotel amenities include a free breakfast, free parking, wifi, swimming pool, hot tub, fitness center, restaurant, bar and more... all giving a very comfortable stay.

#### Student Fund Benefit Auction

One of the most anticipated and enjoyable part about the Annual Convention is the Auction to support pharmacy students. With both a live and silent auction, there are many opportunities to purchase some great items; not only authentic pharmacy memorabilia but also other fun items for all ages. There's a good chance that you can add to your Wyoming gift or pharmacy collection.





## Golf is Back

A golf outing will be available
Again this year if there
Is enough interest.
The golf outing will be on
Friday morning, June 28th at a local
Casper golf course.

#### WPhA Mission Statement/ Vision Statement

#### **Mission Statement:**

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

#### **Vision Statement:**

Wyoming pharmacists and technicians are recognized for their significant contributions to the health care field. They are caring and competent individuals who improve the use of medications, assure the safety of drug therapy, and enhance health-related quality of life

#### Join WPhA Today!

- Be a part of an association working to promote the pharmacy profession.
- The association works on legislative issues geared to protecting and growing our profession.
- Members receive discounts to all WPhA sponsored events.
- Receive timely information affecting pharmacy.
- The association works to help educate and further the roles and usage of pharmacy technicians.
- WPhA strongly supports pharmacy and pharmacy technician students; the future of our profession.

We invite you to take an active role in working to better pharmacy in Wyoming. JOIN the Wyoming Pharmacy Association TODAY!

Wyoming Pharmacy Association Membership

Application or JOIN on-line at www.wpha.net and click on the membership tab.

Name			
Address			
City	State_		Zip
Phone (h)		_(w)	
Email (required)			
Place of Business			
Circle all that apply:			
Academia		Retail	Pharmacy
Health-Systems Pharmacy	r		Home Health Care
Pharmacy			
Other: (please specify)			

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

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Type of Mem	nbership
A ctivro Dho	rmacist

☐ Active Pharmacist	\$140
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