



PHARMACY EXAMINING BOARD

Contact: Dan Williams (608) 266-2112
Room 121A 1400 East Washington Avenue, Madison, WI 53703
June 3, 2015

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the action and deliberation of the Board.

AGENDA

10:00 A.M.

Or immediately following the pharmacy rules committee meeting.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of March 25, 2015 (6-10)**
- C. Administrative Updates – Discussion and Consideration**
 - 1) Staff Updates
 - a. **APPEARANCE: DSPS Deputy Secretary Jay Risch and Assistant Deputy Secretary Eric Esser**
 - 2) Board Member – Term Expiration Date
 - a. Franklin LaDien – 7/1/2016
 - b. Terry Maves – 7/1/2018
 - c. Charlotte Rasmussen – 7/1/2014
 - d. Thaddeus Schumacher – 7/1/2015 (Reappointed, not yet confirmed)
 - e. Kristi Sullivan – 7/1/2016
 - f. Philip Trapskin – 7/1/2017
 - g. Cathy Winters – 7/1/2017
- D. APPEARANCE – Adam Chesler, Pharm.D. - Presentation as it Relates to the Pharmacy Technician Certification Board (11-28)**
- E. APPEARANCE – Dean Arneson, Pharm.D., Ph.D. – Concordia University (29)**
- F. Variances**
 - 1) Reports
 - a. University of Wisconsin Hospital and Clinics **(30-34)**
 - 2) Requests
 - a. O’Connell Pharmacy **(35-41)**
 - b. LTC Rx, Inc. **(42-45)**

- G. **PDMP Update – Discussion and Consideration (46-48)**
- H. **Legislation/Administrative Rule Matters – Discussion and Consideration (49-54)**
 - 1) Verbal Update on Pending Projects
 - a. Phar 2, 4 Relating to Act 114
 - b. Phar 5 Relating to Renewal/Reinstatement
 - c. Phar 6 Relating to Temperature and Humidity Controls
 - d. Phar 7 Relating to Practice of Pharmacy
 - e. Phar 15 Relating to Compounding
 - f. Phar 18 Relating to PDMP Clean-Up
 - 2) Verbal Update on Legislation
 - a. AB 96/SB74 Relating to Prescriptions Issued by Optometrists for Controlled Substances
 - b. AB 228 Relating to Definition of Tetrahydrocannabinols (CBD)
 - 3) Draft of Phar 1 and 8 Relating to Definitions and Controlled Substances
 - 4) Proposals for Phar 8 Relating to Recording Name and Health Care Facility Definition
 - 5) Proposals for Phar 18 Relating to Act 199
 - 6) Proposals for Phar 14 Relating to Medical Oxygen
 - 7) Update on Legislation and Pending or Possible Rulemaking Projects
- I. **Speaking Engagement(s), Travel, or Public Relations Request(s)**
 - 1) 2015 NABP Program Review and Training Session on July 21-22, 2015 **(55-57)**
 - 2) Update on NABP 111th Annual Meeting on May 16-19, 2015 in New Orleans, LA
- J. **Informational Items**
 - 1) NACDS Generic Nexium Shortage **(58)**
- K. **Items Received After Preparation of the Agenda**
 - 1) Introductions, Announcements and Recognition
 - 2) Presentations of Petition(s) for Summary Suspension
 - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 4) Presentation of Proposed Final Decision and Order(s)
 - 5) Informational Items
 - 6) Division of Legal Services and Compliance (DLSC) Matters
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Questions/Issues
 - 10) Legislation/Administrative Rule Matters
 - 11) Speaking Engagement(s), Travel, or Public Relations Request(s)
 - 12) Prescription Drug Monitoring Program Information
 - 13) Consulting with Legal Counsel

14) **Liaison Report(s)**

- a. CE Liaison: Terry Maves
- b. Credentialing Liaison(s): Terry Maves, Cathy Winters
- c. Digest Liaison: Philip Trapskin
- d. Legislative Liaison: Philip Trapskin, Thaddeus Schumacher, Terry Maves
- e. DLSC Liaison: Thaddeus J. Schumacher, Cathy Winters
- f. PAP Liaison: Franklin LaDien
- g. Monitoring Liaison: Franklin LaDien
- h. PHARM Rep to CSB: Franklin LaDien
- i. Variance Report Liaison: Philip Trapskin, Cathy Winters
- j. PHARM Rep to SCAODA: Kristi Sullivan
- k. Screening Panel: Cathy Winters, Franklin LaDien, Charlotte Rasmussen
- l. PDMP Workgroup: Terry Maves, Philip Trapskin

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

M. **Deliberation on Division of Legal Services and Compliance (DLSC) Matters**

1) **Proposed Stipulations, Final Decision and Orders**

a. *Attorney Sandra Nowack*

1. 13 PHM 055, 14 PHM 057, and 14 PHM 075 (D.Z.) **(59-66)**
2. 13 PHM 055, 14 PHM 057, and 14 PHM 075 (MD Custom Rx) **(67-74)**
3. 14 PHM 073 (O.K.C.) **(75-79)**
4. 14 PHM 075 (M.Z.) **(80-85)**
5. 14 PHM 082 (D.L.K.) **(86-91)**

b. *Attorney Cody Wagner*

1. 14 PHM 134, 15 PHM 005, 15 PHM 030 (P.P.) **(92-97)**
2. 14 PHM 139 (D.T.H.S.) **(98-103)**

2) **Administrative Warnings**

a. *Attorney Sandra Nowack*

1. 14 PHM 055 (Walgreens #02927) **(104-105)**

b. *Attorney Cody Wagner*

1. 14 PHM 090 (A.S.P.) **(106-107)**
2. 14 PHM 091 (A.H.S.) **(108-109)**
3. 14 PHM 096 (C.P.S.) **(110-111)**
4. 14 PHM 097 (C.P.S.) **(112-113)**
5. 14 PHM 101 (H.D.C.) **(114-115)**
6. 14 PHM 102 (L.F.P.) **(116-117)**
7. 14 PHM 103 (L.H.P.) **(118-119)**

8. 14 PHM 104 (L.O.P.) **(120-121)**
 9. 14 PHM 114 (V.S.C.P.) **(122-123)**
 10. 14 PHM 115 (W.P.) **(124-125)**
 11. 14 PHM 118 (C.C.H.P. and J.J.W.) **(126-128)**
 12. 14 PHM 121 (P.P.A.L. and M.K.S.) **(129-131)**
 13. 14 PHM 123 (S.A.H.P. and J.J.S.) **(132-134)**
 14. 14 PHM 124 (V.H.P. and G.L.B.) **(135-137)**
- 3) **Case Closings and Case Status Report**
- a. *Attorney Sandra Nowack*
 1. 14 PHM 002 **(138-140)**
 2. Iowa Board of Pharmacy Referred Cases **(141-158)**
 - a. 14 PHM 020 **(142-143)**
 - b. 14 PHM 021 **(144-146)**
 - c. 14 PHM 024 **(147-148)**
 - d. 14 PHM 026 **(149-150)**
 - e. 14 PHM 027 **(151-152)**
 - f. 14 PHM 028 **(153-154)**
 - g. 14 PHM 029 **(155-156)**
 - h. 14 PHM 030 **(157-158)**
 3. 14 PHM 042 **(159-162)**
 4. 14 PHM 088 **(163-166)**
 - b. *Attorney Jim Polewski*
 1. 13 PHM 041 **(167-169)**
 2. 14 PHM 147 **(170-172)**
- 4) **Monitoring (173-238)**
- a. Dirk Larson, R.Ph. – Requesting Modification (Impairment) **(175-203)**
 - b. Erin Orth, R.Ph. – Requesting Modification (Impairment) **(204-238)**

N. Deliberation of Items Received After Preparation of Agenda

- 1) Credential Issues and/or Reviews
- 2) Application Review
- 3) Education and Examination Matters
- 4) Disciplinary Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Monitoring Matters
- 7) Administrative Warnings
- 8) Review of Administrative Warning
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Proposed Final Decisions and Orders
- 11) Orders Fixing Costs/Matters Related to Costs
- 12) Petitions for Summary Suspension
- 13) Designation of Hearing Examiner
- 14) Case Closings

- 15) Case Status Report
- 16) Petitions for Re-Hearing
- 17) Motions

O. Consult with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

P. **Voting on Items Considered or Deliberated upon in Closed Session, if Voting is Appropriate**

Q. **Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**

ADJOURNMENT

The next scheduled meeting is July 22, 2015.

**PHARMACY EXAMINING BOARD
MEETING MINUTES
March 25, 2015**

PRESENT: Franklin LaDien, Terry Maves, Charlotte Rasmussen, Thaddeus Schumacher, Philip Trapskin, Cathy Winters

EXCUSED: Kristi Sullivan

STAFF: Dan Williams – Executive Director, Nilajah Madison-Head – Bureau Assistant, Sharon Henes – Administrative Rules Coordinator, and other Department staff

CALL TO ORDER

Thaddeus Schumacher, Chair, called the meeting to order at 10:14 a.m. A quorum was confirmed.

ADOPTION OF AGENDA

Amendments to the Agenda:

- *Remove Items F (2-4)*

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 11, 2015

MOTION: Terry Maves moved, seconded by Cathy Winters, to approve the minutes of February 11, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Appointment of Liaisons

The Chair appoints the following members to:

2015 LIAISON APPOINTMENTS	
CE Liaison	Terry Maves
Credentialing Liaisons	Terry Maves, Cathy Winters
Digest Liaison	Philip Trapskin
Legislative Liaison	Philip Trapskin, Thaddeus Schumacher, Terry Maves
DLSC Liaison	Thaddeus Schumacher, Cathy Winters
PAP Liaison	Franklin LaDien
Monitor Liaison	Franklin LaDien
PHARM Rep to CSB	Franklin LaDien
Variance Report Liaison	Philip Trapskin, Cathy Winters
PHARM Rep to SCAODA	Charlotte Rasmussen
PDMP Work Group	Terry Maves, Philip Trapskin

2015 SCREENING PANEL APPOINTMENTS	
January-December 2015	Cathy Winters, Franklin LaDien, Charlotte Rasmussen

Delegation of Authority

MOTION: Franklin LaDien moved, seconded by Cathy Winters, that Board Counsel or another Department attorney is formally authorized to serve as the Board’s designee for purposes of Wis. Admin. Code SPS § 1.08(1). Motion carried unanimously

MOTION: Terry Maves moved, seconded by Cathy Winters, to delegate credentialing authority to DSPS for those submitted applications that meet the criteria of Rule and Statute and thereby would not need further Board or Board liaison review. Motion carried unanimously.

VARIANCES

University of Wisconsin Hospital and Clinics – Tech-Check-Tech (TCT)

MOTION: Terry Maves moved, seconded by Franklin LaDien, to accept the report of University of Wisconsin Hospital and Clinics and extend the variance to the next Board meeting. They are to submit a quarterly report, an annual review, and a detailed plan of action to be presented at the next Board meeting. Motion carried. Recused: Philip Trapskin

(Philip Trapskin recused himself and left the room for consideration of the variance requests of University of Wisconsin Hospital and Clinics)

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Scope Statements for Phar 1, 8, 18 Relating to Definitions, Controlled Substances and Prescription Drug Monitoring Program (PDMP)

MOTION: Cathy Winters moved, seconded by Terry Maves, to approve the Scope Statement on Phar 1 and 8 relating to Definitions and Controlled Substances for submission to the Governor’s Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Terry Maves, to approve the Scope Statement on Phar 18 relating to Operation of Prescription Drug Monitoring Program (PDMP) for submission to the Governor’s Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

Proposals for New Scope Statements for Phar 8, 18 Relating to Act 199

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to request DSPS staff draft Scope Statements revising Phar 18 relating to Act 199 and designate the Chair to approve the Scope for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Cathy Winters and Charlotte Rasmussen request the Board to **rescind the previous motion** relating to revising Phar 18. Motion carried unanimously.

MOTION: Terry Maves moved, seconded by Franklin LaDien, the Board will delegate to the Chair the authority to create and send a letter to the Secretary of the Department of Safety and Professional Services after implementation of the new Scope statement revising Phar 18 as it relates to Act 199. Motion carried unanimously.

MOTION: Terry Maves moved, seconded by Franklin LaDien, to request DSPS staff draft Scope Statements revising Phar 18 relating to Act 199 and designate the Chair to approve the Scope for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Philip Trapskin moved, seconded by Charlotte Rasmussen, to request DSPS staff draft Scope Statements revising Phar 8 relating to Act 199 to include the date for which the record shall be maintained and the definition of a healthcare facility and designate the Chair to approve the Scope for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

Scope Statement for Phar 14 Relating to Home Medical Oxygen Providers

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to approve the Scope Statement on Phar 14 relating to Home Medical Oxygen Providers for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Terry Maves moved, seconded by Franklin LaDien, to give authority to DSPS staff to approve applications for licensure as home medical oxygen providers. The Board recommends that DSPS create a temporary application that mirrors the criteria cited in the Minnesota Application for Registration as a Medical Gas Distributor. In addition, one of the requirements of the application shall include evidence of accreditation from one of the ten CMS approved accreditation organizations. Motion carried unanimously.

CLOSED SESSION

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Thaddeus Schumacher, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Franklin LaDien-yes; Terry Maves-yes, Charlotte Rasmussen-yes; Thaddeus Schumacher-yes; Philip Trapskin-yes. Motion carried unanimously.

The Board convened into Closed Session at 1:14 p.m.

RECONVENE TO OPEN SESSION

MOTION: Franklin LaDien moved, seconded by Terry Maves, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 2:34 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to affirm all motions made in closed session. Motion carried unanimously.

DISCIPLINARY MATTERS

Monitoring

APPEARANCE – *Craig R. Osness, R.Ph and James Friedman, attorney. – Requesting Consideration of Tabled Petition for Full Licensure*

MOTION: Philip Trapskin moved, seconded by Charlotte Rasmussen, to grant the request of Craig R. Osness, R.Ph. for reinstatement of full licensure. Motion carried. Recused: Franklin LaDien

(Franklin LaDien recused himself and left the room for deliberation and voting in the matter of Craig R.Osness, R.Ph.)

Proposed Stipulations, Final Decisions and Orders

14 PHM 059 – B.P.M.

MOTION: Charlotte Rasmussen moved, seconded by Franklin LaDien, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Brandon P. Maydew, R.Ph., DLSC case number 14 PHM 059. Motion carried unanimously.

14 PHM 137 – D.J.H

MOTION: Terry Maves moved, seconded by Charlotte Rasmussen, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against David J. Hapka, R.Ph, DLSC case number 14 PHM 137. Motion carried unanimously.

14 PHM 138 –N.E.P.

MOTION: Terry Maves moved, seconded by Franklin LaDien, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against New Era Pharmaceuticals, LLC, DLSC case number 14 PHM 138. Motion carried unanimously.

Case Closure Deliberation

14 PHM 137

MOTION: Philip Trapskin moved, seconded by Terry Maves, to close DLSC case number 14 PHM 137, against T.L.P., for No Violation (NV). Motion carried unanimously.

ADJOURNMENT

MOTION: Cathy Winters moved, seconded by Terry Maves, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 2:35 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Pharmacy Examining Board			
4) Meeting Date: 06/03/15	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Presentation as it relates to the Pharmacy Technician Certification Board	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> Yes by Adam Chesler, PharmD <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>Between 2015 and 2020, the Pharmacy Technician Certification Board (PTCB) will be changing some requirements for certification and recertification. These changes include requiring Pharmacy Technician-Specific Continuing Education (CE) hours for recertification beginning in 2015. In my position as the Director of Strategic Alliances, I am responsible for sharing information about PTCB's new requirements and gathering questions and feedback from State Boards of Pharmacy</p> <p>Adam Chesler, PharmD Director, Strategic Alliances Pharmacy Technician Certification Board 2215 Constitution Avenue, NW • Suite 101 • Washington, DC 20037 Direct: (202) 888-1724 • Fax: (202) 888-1699</p>			



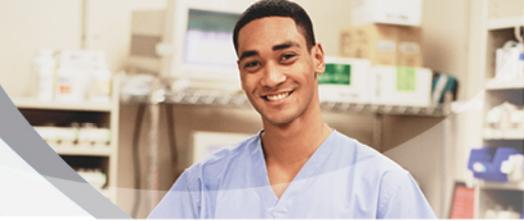
Advancing Patient Safety

Wisconsin Board of Pharmacy
June 3rd, 2015

Adam Chesler, PharmD
Director of Strategic Alliances



Agenda



- About PTCB
- Updated Blueprint
- Value of PTCB Certification
- Upcoming PTCB Changes
- Questions/Comments

About PTCB



Mission Statement

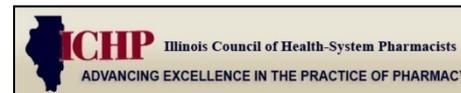
PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.



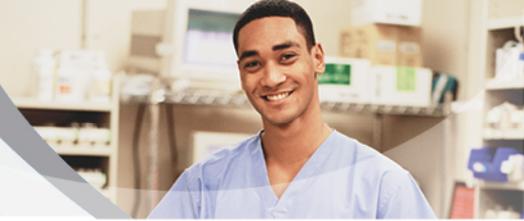
NABP
NATIONAL ASSOCIATION OF
BOARDS OF PHARMACY



MICHIGAN PHARMACISTS ASSOCIATION



PTCB Certification Program



Pharmacy Technician Certification Exam (PTCE):

- Widely recognized and trusted throughout the profession
- Psychometrically sound
- 279,000+ actively certified pharmacy technicians
- 555,000+ certifications since 1995

Current certification requirements:

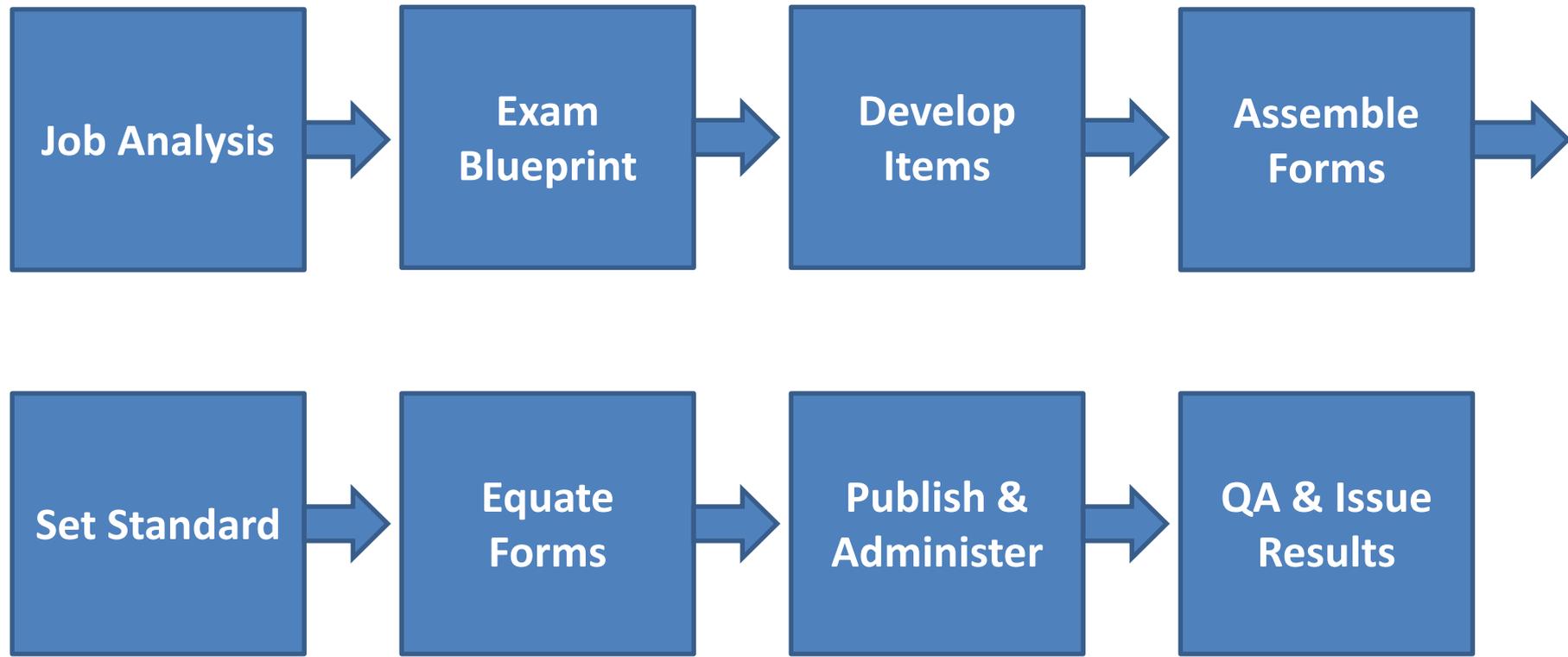
- A high school diploma or equivalent
- Disclosure of all criminal and state board of pharmacy actions
- A passing score on the PTCE
- Recertification every two years



Assessment Process



THE PHARMACY TECHNICIAN CERTIFICATION EXAM (PTCE)

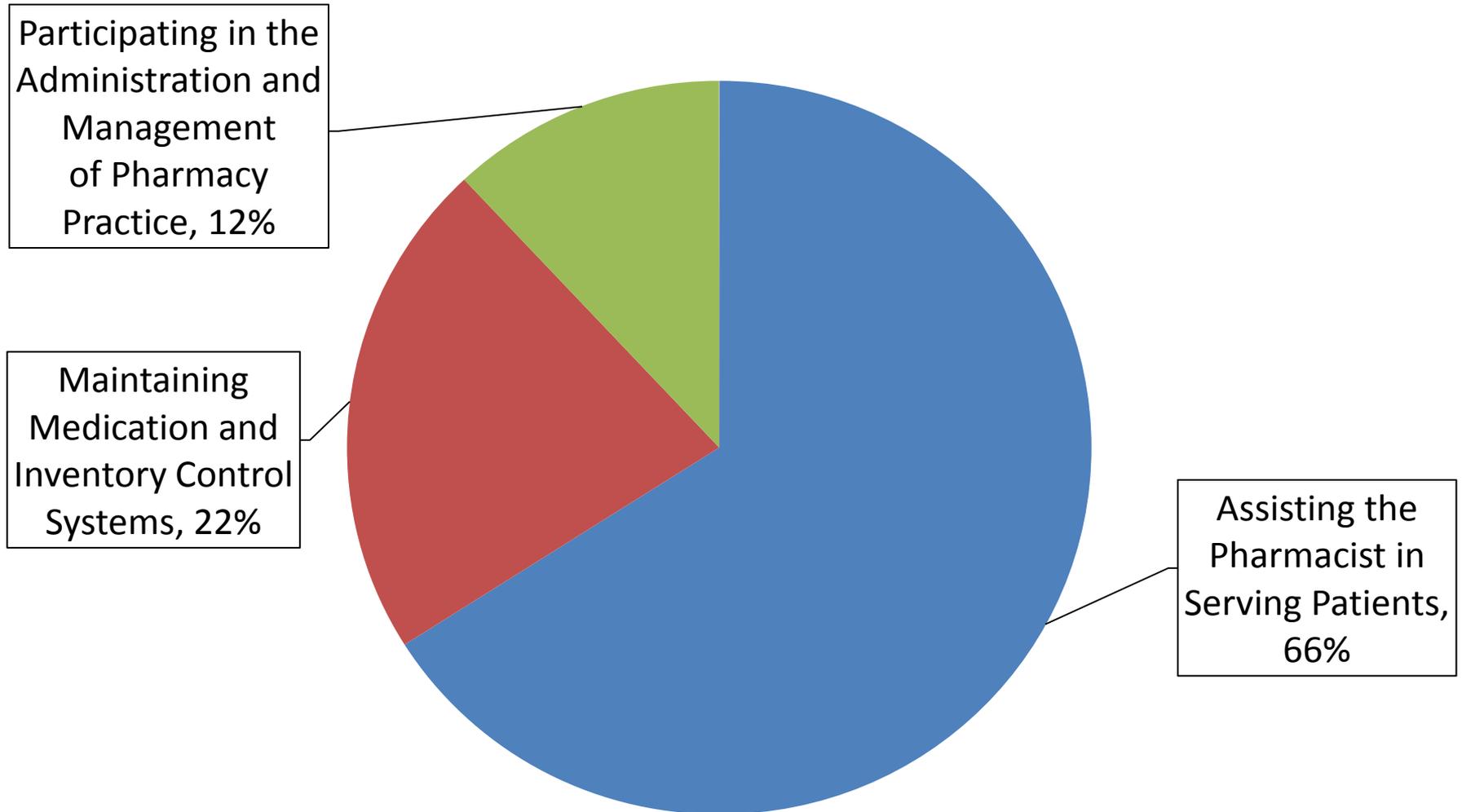


PTCE Updated Blueprint

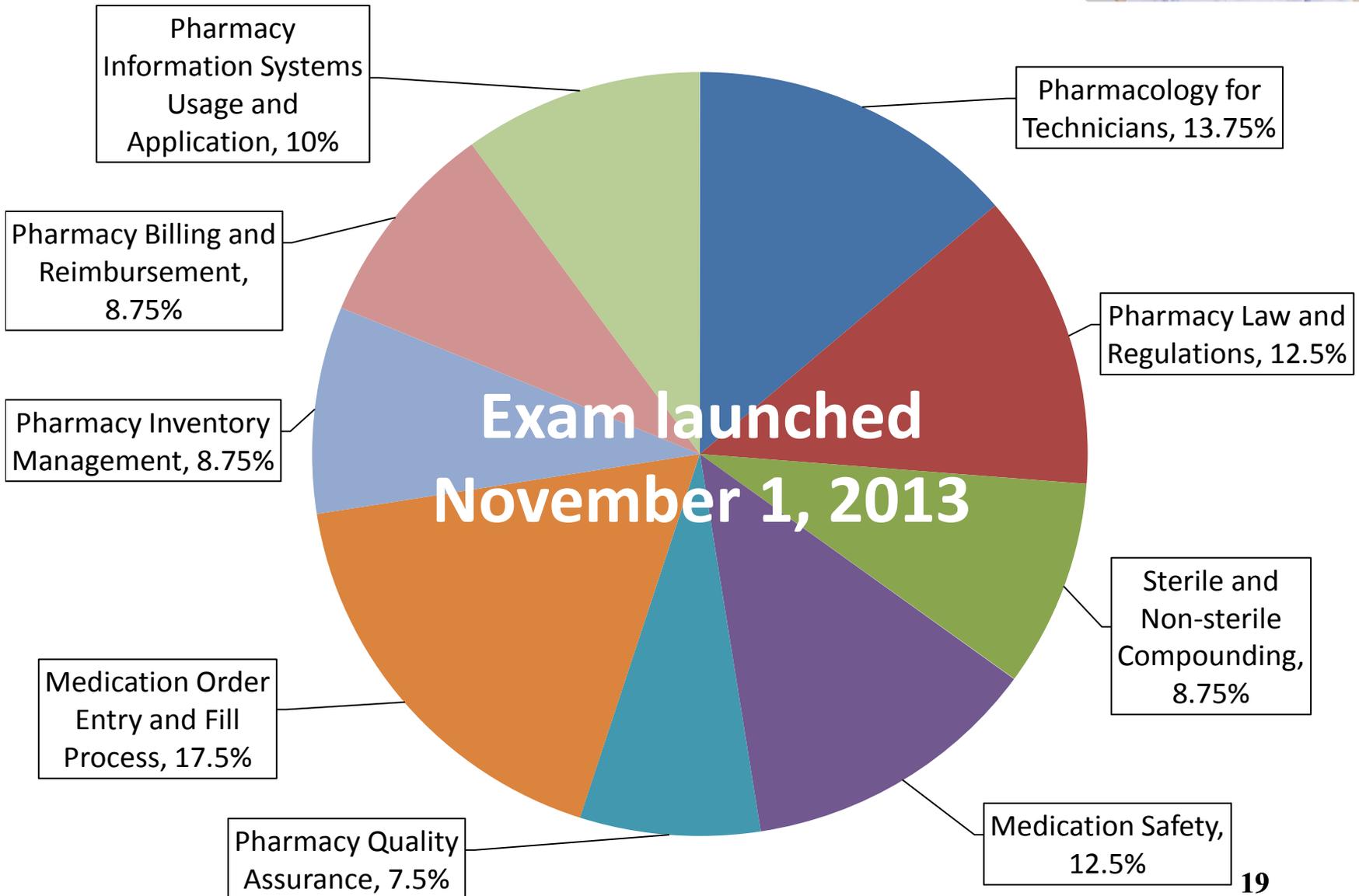
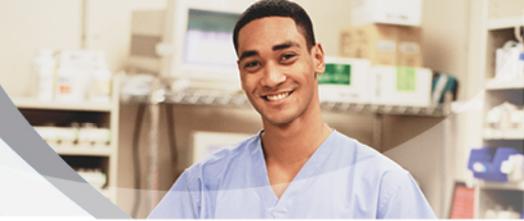


- 2011 job analysis
- Evolution of technician responsibilities
- Knowledge domains
- Revising the PTCE
 - Blueprint and item mapping
 - Gap analysis and new item development
 - Standard setting

Previous PTCE Blueprint



Updated, Current PTCE Blueprint



Certification Program Changes



New PTCB requirements:

- **2015:** PTCB only accepting **technician-specific CE**
- **2020:** Complete an **ACPE/ASHP-accredited education** program - *Pharmacy Technician Accreditation Commission (PTAC)*

Advanced Certification Programs in Development

- Task force meeting in **May** for sterile compounding



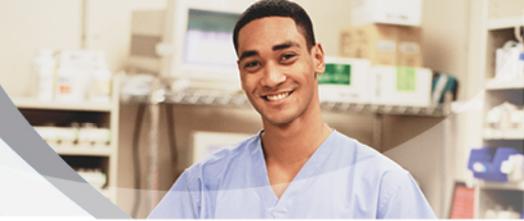
2015-Technician Specific CE



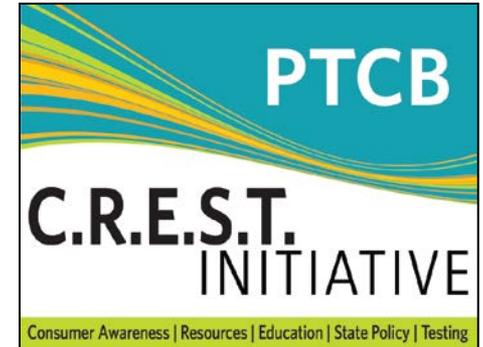
- If completed before 12/31/14, can be P or T specific
- 2015 onward, CE can must have tech-specific objectives
- Doesn't need to be ACPE-accredited
 - If not ACPE-accredited, must be contained in blueprint
- Future sync with NABP CPE Monitor
 - 60 days to report
 - Software “handshake”



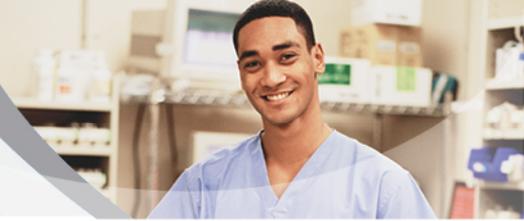
Why 2020



- Changing pharmacy roles
 - Pharmacist
 - Technician
 - Clerk
- National pharmacy organization input
 - ASHP PPMI
 - NABP Task Force on Technician Education
- CREST Summit

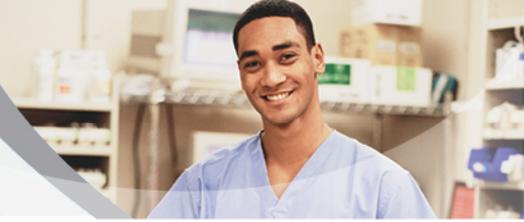


How Will PTCB Help



- Continue to provide psychometrically-sound PTCE
- Work cooperatively
- Ensure testing locations
- Research and maintain value of program
- Provide mass verifications
- Online Board of Pharmacy portal
- Process and evaluate CE
- Promote national standard for patient safety

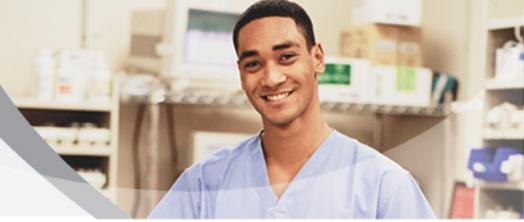
Going in the Same Direction



- Pharmacist provider status
- Increased pharmacist access = increased care
 - Telepharmacy, clinical team, immunizations
- Increased clinical tasks
 - Flu test, strep test, MTM
- All non-clinical tasks
 - Tech-check-tech
- National standard for pharmacy technicians
 - Defines minimally competent technician



Regulatory Oversight



- **No federal regulations**
- **State oversight**
 - **44** regulate pharmacy technicians
 - **21** require national certification
 - **6** require and accept only the PTCE
 - **17** require a background check
 - **19** require continuing education
 - **6** have a pharmacy technician serving on their Board of Pharmacy

However...

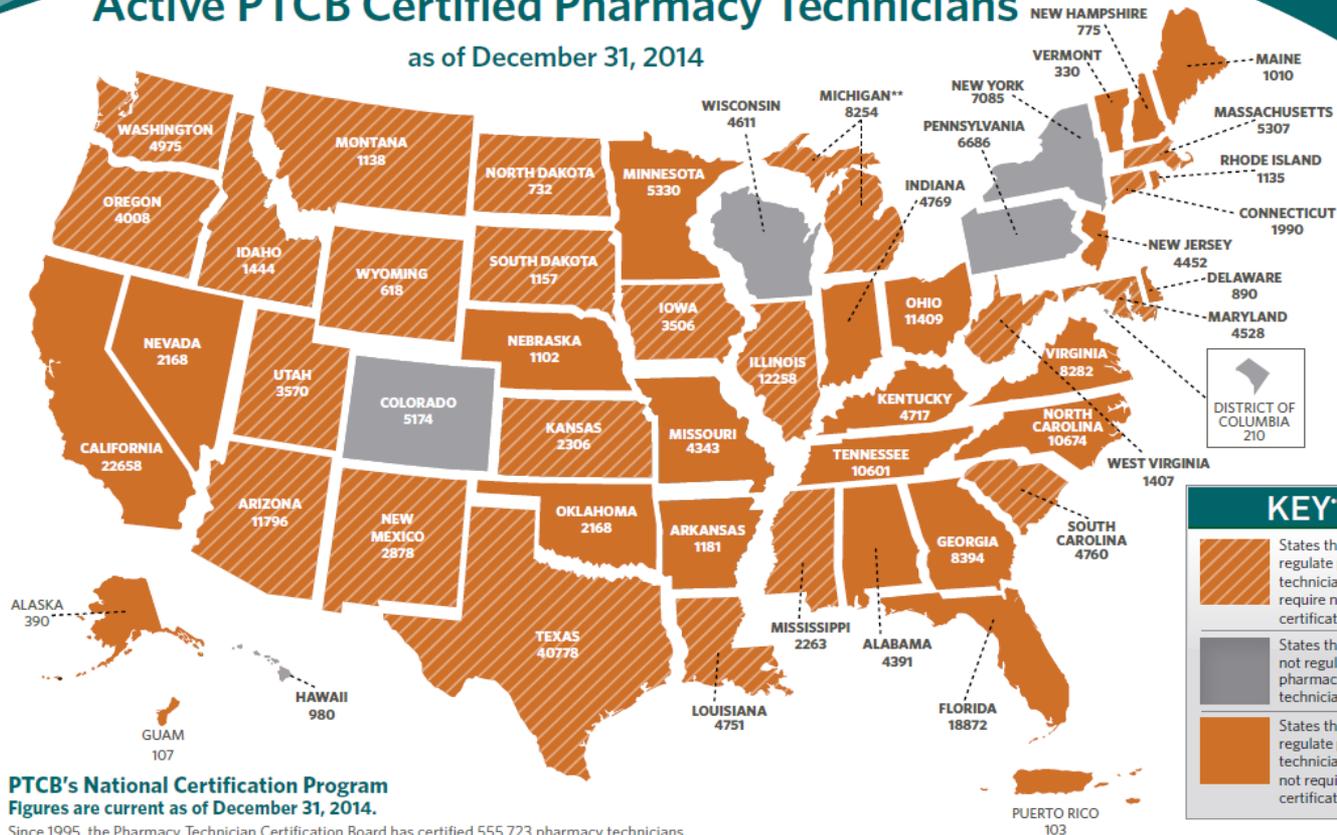
- **6 (D.C.)** do not regulate pharmacy technicians
- **17** have pending legislation or regulations

Today: State Regulations



Active PTCB Certified Pharmacy Technicians

as of December 31, 2014



KEY**

- States that regulate pharmacy technicians and require national certification
- States that do not regulate pharmacy technicians
- States that regulate pharmacy technicians but do not require national certification

PTCB's National Certification Program
Figures are current as of December 31, 2014.

Since 1995, the Pharmacy Technician Certification Board has certified 555,723 pharmacy technicians. This map represents the 279,852* PTCB certified pharmacy technicians (CPhTs) who were active at the end of 2014. All 50 states and DC accept PTCB Certification. Of the 45 states that regulate pharmacy technicians, 22 require national certification.

*Total also includes active CPhTs in Canada and the Virgin Islands.

**New regulations in Michigan take effect on June 30, 2015.

***Key source: 2014 National Association of Boards of Pharmacy Survey of Pharmacy Law and independent research.

www.ptcb.org
 Contact PTCB at contact@ptcb.org
 or 800-363-8012.



©2015 Pharmacy Technician Certification Board

Top of Our License



Thank You



Adam Chesler, PharmD

Director of Strategic Alliances

Pharmacy Technician Certification Board

Email: achesler@ptcb.org

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: <div style="border: 1px solid black; padding: 2px; font-size: small;">Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</div>	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 6/3/15	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? APPEARANCE – Dean Arneson, Concordia University	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>I am requesting to be placed on the PEB June agenda to discuss the NABP/AACP District IV meeting that CUW and the Wisconsin Board is hosting in November.</p> <p>Thank you for the consideration.</p> <p>Regards,</p> <p>Dean Arneson</p> <p>Dean L. Arneson, Pharm.D., Ph.D. Dean Concordia University Wisconsin School of Pharmacy 12800 North Lake Shore Drive Mequon, WI 53097-2402 Office Phone: 262-243-2753 Cell Phone: 262-510-8528 Fax: 262-243-2752 Dean.Arneson@cuw.edu</p>			



May 15th, 2015

Thad Schumacher, R.Ph.
Chair, Pharmacy Examining Board
Department of Regulation & Licensing
State of Wisconsin
PO Box 8935
Madison, WI 53708-8935

Dear Mr. Schumacher,

The University of Wisconsin Hospital and Clinics (UWHC) Department of Pharmacy is writing in follow up to the variance to pharmacy regulations Phar 7.01(1)(c) and (d), to allow a first dose tech-check-tech (TCT) pilot program in which validated pharmacy technicians must maintain at least a 99.8% accuracy rate. In May of 2014, the Pharmacy Examining Board (PEB) approved the variance to allow for a 12-month first dose (non cartfill) TCT pilot, to include 30% of technician checked doses to be double checked by a pharmacist with quarterly reporting to the PEB. The pilot program was implemented in June 2014 and will conclude in May 2015. The overall results of the pilot were extremely positive. In summary, the technicians checked a total of 76,849 doses, with the pharmacist providing the double check on 25,021 of the doses (32.56%). The technicians demonstrated an overall accuracy of 99.98% (4 errors).

I would also like to take the opportunity to again explain the environment in which this program has been deployed. This program will allow technicians to complete the final accuracy verification for unit dose first dose medications dispensed from semi-automated dispensing technology. Throughout the dispensing process, pick-to-light technology will visually indicate to the filling technician where the correct medication is located, and barcode scanning technology ensures the correct medication is being dispensed. Pharmacy technicians are not allowed to perform the final accuracy verification of sterile or non-sterile extemporaneous products. The final verification for validity, completeness, and appropriateness of the medication order continues to remain the responsibility of a pharmacist. The accuracy of labeling a product with a barcode also remains the responsibility of the pharmacist. UWHC utilizes point-of-care bar code medication scanning during the administration phase, adding an additional layer of safety. This serves as a final check that the right product and dose reaches the right patient at the right time. Pharmacists are responsible for verifying a technician's accuracy through an ongoing quality assurance program. Re-validation and training plans are in place for technicians who fall below acceptable accuracy rates

Moving forward, the UWHC Department of Pharmacy would like to continue with this program, but would like to seek approval from the board to reduce the double check requirement for first dose medications from 30% to 10%. The reason for this request is align the pharmacist double check requirement with that of our cartfill TCT program.

UWHC firmly believes cartfill and first dose TCT has resulted in significant improvements in its pharmacy operations and increased the quality of patient care, and we hope the board considers our intentions moving forward.

Thank you for your consideration of this request.

Sincerely,

Brad Ludwig, M.S., R.Ph.
Assistant Director of Pharmacy

Wisconsin Department of Safety & Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 261-7083
 Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703
 E-Mail: web@dps.wi.gov
 Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REPORT

TECH-CHECK-TECH (FIRST DOSE)

This is the final 4th quarter reporting period for the first dose tech-check-tech variance. Training and set-up for the program occurred in the months of April and May, 2014. First dose TCT went live in June 2014. The reporting period for this final report is March 1st, 2015 through May 12th, 2015. Pharmacy information must be the name or title under which business is operated and the variance is granted. (This must be the name on the pharmacy label.)

DBA NAME OF PHARMACY: (This must be the name on the pharmacy label.)	WI LICENSE NUMBER:	DATE VARIANCE GRANTED:
University of Wisconsin Hospital and Clinics	5940-42	May 2014 (12 month pilot approved with quarterly reporting)
TELEPHONE:	EMAIL:	
608-263-1282	srough@uwhealth.org	

CONTACT PERSON:

Steve Rough – Director of Pharmacy

PHARMACY ADDRESS (pharmacy location to which the variance applies): number, street, city, zip code

600 Highland Avenue, Madison, WI 53792

**FIRST DOSE TECH-CHECK-TECH
 VARIANCE REPORT OVERALL ACCURACY
 RATES FOR PHARMACY
 FOR TIME PERIOD March 1st, 2015 – May 12th, 2015
 FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM**

Technician Designation	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
1	See below	4309	0	100%	13904	30.9%
2	See below	466	0	100%	1427	32.6%
Total		4775	0	100%	15331	31.1%

OTHER REPORTING REQUIREMENTS: Yes No If yes, attach additional sheets.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements and attached corresponding documents are true and correct to the best of my/our knowledge and belief; the variance applied for/covers only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Reporter Signature

Steve Rough

Printed Name of person signing above

Director of Pharmacy

Title

05/13/15

Date

Wisconsin Department of Safety and Professional Services

Pharmacy License #: 5940-42

Report Period: 03/01/2015 – 05/12/2015

**FIRST DOSE TECH-CHECK-TECH
VARIANCE REPORT ACCURACY RATES BY
MONTH BY TECHNICIAN**

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation **1**

Month Check Range	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
March	2, 3, 4, 5, 6, 9, 11, 12, 16, 17, 18, 19, 20, 25, 26,	1878	0	100%	6066	30.9%
April	1, 2, 3, 6, 7, 8, 14, 16, 17, 20, 21, 27, 28, 29, 30	1789	0	100%	5745	31.1%
May	1, 4, 5, 7, 12	642	0	100%	2093	30.6%
Total		4309	0	100%	13904	30.9%

Technician Designation **2**

Month Check Range	Dates Technician Checked	Doses RPh Double Checked	Number of Errors Found	Tech Accuracy Rate	Total Doses Checked by Technician	% RPh Double Checked
March	10	158	0	100%	505	31.2%
April	22, 23, 24	308	0	100%	922	33.4%
May				NA		
Total		466	0	100%	1427	32.6%

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at <http://dps.wi.gov> for information regarding the dates of regularly scheduled Board meetings. If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.

<input type="checkbox"/> NEW PHARMACY <input checked="" type="checkbox"/> EXISTING PHARMACY	TYPE OF PHARMACY: <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> INSTITUTIONAL	CURRENT WI LICENSE NUMBER: 5940-42
--	--	---

DBA: Name or title under which business is operated. (This must be the name on the pharmacy label.) University of Wisconsin Hospital and Clinics	TELEPHONE NO. (608) 263-1290 FAX NO. (608) 263-9424
---	--

PHARMACY ADDRESS: number, street, city, zip code
600 Highland Ave, F6/133; Madison, WI 53792

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE Brad Ludwig (please print)	TELEPHONE NO. (608) 263-1290
EMAIL ADDRESS B L U D W I G @ U W H E A L T H . O R G	HOURS AVAILABLE 08:00-16:00
Do you wish to appear before the board for questions? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested
7.01(4)	7.01(1)(c)and(d) - First dose (non cartfill)tech-check-tech pilot for 12 months from date of approval. Pilot to include 30% of tech-checked doses to be checked by a pharmacist with quarterly reporting to the PEB.

NOTE – A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

- For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
- Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.


Requester Signature

Assistant Director
of Pharmacy
Title

4/28/14
Date

Brad Ludwig
Printed Name of person signing above

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at <http://dps.wi.gov> for information regarding the dates of regularly scheduled Board meetings. *If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.*

<input type="checkbox"/> NEW PHARMACY <input checked="" type="checkbox"/> EXISTING PHARMACY	TYPE OF PHARMACY: <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> INSTITUTIONAL	CURRENT WI LICENSE NUMBER: <p style="text-align: center; font-size: 1.2em;">8817-42</p>
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DBA: Name or title under which business is operated. (This must be the name on the pharmacy label.) <p style="font-size: 1.5em; font-family: cursive;">O'Connell Pharmacy</p>	TELEPHONE NO. (608) 837-5949 FAX NO. (608) 825-3253
---	--

PHARMACY ADDRESS: number, street, city, zip code
 302 S. Grand Ave Sun Prairie, WI 53590

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE <p style="font-size: 1.2em; font-family: cursive;">HEATHER WALKER</p> <p style="font-size: 0.8em;">(please print)</p>	TELEPHONE NO. <p style="font-size: 1.2em;">(608) 837-5949</p>
EMAIL ADDRESS <p style="font-size: 1.2em; font-family: cursive;">oconnellpharmacymedboxes@hotmail.com</p>	HOURS AVAILABLE <p style="font-size: 1.2em;">9AM - 7PM</p>
Do you wish to appear before the board for questions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested
TECHNICIAN-PHARMACIST RATIO	Requesting an increase of up to 7 technicians to 1 pharmacist during pharmacist vacations covered by a relief pharmacist.

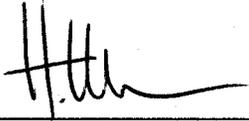
NOTE - A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

- For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
- Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.



Requester Signature

Pharmacist-in-charge

Title

5/12/15

Date

HEATHER WALKER

Printed Name of person signing above

We are requesting a variance to the standard pharmacist to technician ratio.

Background:

Since reducing store and pharmacist hours in November 2014, it has been more difficult to adequately staff the pharmacy within the legal ratio of 1 pharmacist to 4 technicians. We are able to meet this ratio when no pharmacists are sick or on vacation. When a pharmacist is sick or on vacation, our pharmacist owner has been able to cover those full-time hours. However, as he is transitioning to a part-time schedule, he may be unable cover full time pharmacist hours to staff our shortages. He would instead provide approximately 25 to 30 hours per week, depending upon the workload.

The business at our retail store is divided into two departments: the "front" and "the medbox/monthly" departments. These departments are very different in terms of workflow and deadlines. The workspaces are also separate from one another (see map of store layout). The "front" is the standard retail pharmacy model, consisting of one or two entry technicians and two filling technicians to handle all on-demand prescription requests. One pharmacist is in charge of checking all prescriptions for customers who are waiting, coming later, or who will receive a delivery, generally within a few days of the request. This pharmacist is also responsible for all consultations, taking verbal orders from physicians, filling CII prescriptions, answering patient questions, and handling drug interactions.

The "medbox/monthly" department consists of one entry technician and a crew of six, part-time filling technicians (generally 2 to 3 are scheduled at one time) who run and fill our monthly auto-fill prescriptions and our medboxes (weekly, 2 week or 4 week packages). Staffing this department with 3 technicians from open to close is the minimum amount of staff required to run and fill the monthly prescription load. The Medbox/Monthly department is modelled after our Long-Term-Care pharmacy where we run all autofill (monthly) prescriptions in one batch on the first of the month, then have approximately three weeks to fill and check them prior to pickup or delivery. Our Medboxes are handled similarly. All prescriptions are run in one batch every 28 days, then filled and checked over the course of one week. The med boxes are filled from that supply of medication either weekly, bi-weekly or every 4 weeks based upon patient preference. The filling technicians are supervised by a certified technician who is available to answer any questions they may have.

The pharmacist overseeing this department is responsible for checking all medication filled (regardless of packaging style). They are also responsible for checking all filed prescription updates prior to the batch fill. Because these patients are not waiting for their medication, this pharmacist has much more flexibility to complete this work. It

takes approximately 4 to 6 hours per day (Mon-Fri) to check all related work. Our relief pharmacist(s) could potentially schedule those hours early in the day and be done by lunchtime or be off in the morning and work the afternoon. If the relief pharmacist is not available, the front pharmacist will answer questions from the entry technician. The front pharmacist is also available to check any urgent prescriptions that must be filled that day. Demand placed on this pharmacist by the department is minimal, as this occurs fewer than 10 times per week.

We are requesting permission to staff 4 retail technicians up front and 3 in the back (1 entry tech and 2 fillers) with one full-time pharmacist and a part-time relief pharmacist. This would allow us to schedule our Medbox/Monthly staff during normal business hours to fill the medication, and have our relief pharmacist(s) focus on medboxes and monthly medication on their own schedule (which may be before or after business hours).

The following procedures will be followed at all times:

1. All fillers in the Medbox/Monthly department will be supervised by certified pharmacy technician(s) who will be available to answer any questions regarding filling.
2. All fillers in the Medbox/Monthly department will be required to scan the label and stock bottle to ensure accuracy when filling.
3. A pharmacist will always be available to assist the certified technicians with entry questions, drug interactions, etc.
4. A specific list of job duties (attached) will provide a clear division of labor between the "front" department and the "medbox/monthly" department with regard to pharmacist supervision.

Conclusion:

We are requesting an increase in our pharmacist to technician ratio to 1:7 (4 technicians for the front and 3 for the monthly/medbox department) to allow us to fill our medboxes and monthly auto-fill medication during normal business hours and have them checked when the relief pharmacist is available (possibly before or after business hours). This staffing arrangement will be used only when a pharmacist is sick, on vacation or on approved leave, not as part of regular pharmacist scheduling..

Department Duties for Technicians and Pharmacists

Front Department

-For customers who are waiting, coming back later or who require delivery

Front Technician duties:

- Process new/refill prescriptions for pick-up or delivery (on demand)
 - dropped off, received in mail, IVR, Email or phone-in
- Fill all new and refill prescriptions
- Put the McKesson order away
- Request and follow-up on prior authorizations and other insurance problems

Front Pharmacist duties:

- Check all new and refill prescriptions
- Check filed prescriptions
- Perform patient consultations
- Receive verbal orders from physicians (via phone or voice mail)
- Place and check CII orders
- Perform MTM

Medbox/Monthly Department

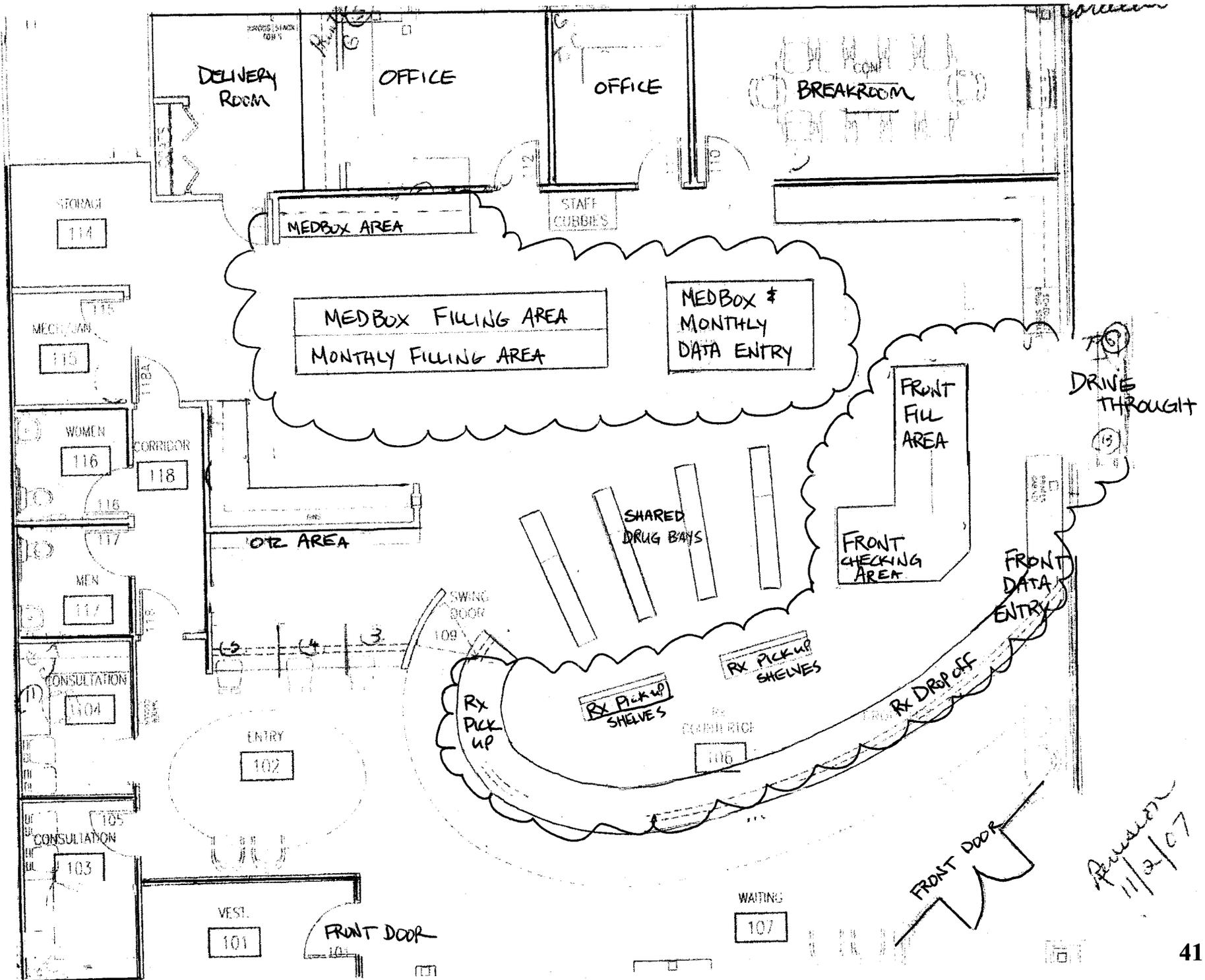
-For customers who receive medication on a weekly or monthly automatic fills

Technician Duties:

- Fill Medboxes (for weekly, biweekly or 4 week set-ups)
- Fill Monthly Cycle Fill medication (in bottles or blisterpacks)
- Fill Medbox Cycle Fill medication
- Prepare and run labels for Medbox and Monthly Cycle Fill
- Enter prescriptions, both new prescriptions and updated refills
- Make changes in Medboxes
- Fill bulk and as needed medication

Pharmacist Duties:

- Check Medbox/Monthly filed prescriptions
- Check medboxes weekly
- Check Monthly meds (5th through the 20th for delivery 26th through end of month)
- Check Medbox Cycle Fill (every 4 weeks)



Revision
 11/2/07

Request for a Pharmacy Variance for LTC Rx, Inc.

Variance Requested:

Authorization to increase the pharmacist to technician ratio to a 1:7 ratio or 1:8 ratio from a 1:4 ratio (Phar 7.01(3)).

Reason for Variance:

LTC Rx is a long term care pharmacy that services approximately 1000 residents in Northwestern Wisconsin. All the prescription orders are entered, processed and refilled by technicians and over 75% of the medications are filled manually by technicians. The other 25% are filled by a strip packaging machine that requires one technician to operate currently. The medications that are filled manually are dispensed into one of two other different packaging systems that LTC Rx utilizes; monthly blister cards or 14-day Opus cassettes. Due to the high volume of medications that are filled manually by technicians and the time it takes to fill a medication in a unit-dose package versus a bottle, there is a need for more technicians than a retail pharmacy. However, the work that is required to be done by a pharmacist and the time it takes to check the technicians' work is the same when compared to a retail pharmacy. Plus, LTC Rx has plans to add at least another 500 residents to the pharmacy's current workload by the end of the year. This additional work load will require at least another 4 technicians to take on the additional business but will only require an additional part-time pharmacist.

With the current work flow of LTC Rx, the increased pharmacist to technician ratio would not jeopardize patient safety or confidentiality. Currently, everything a technician does is checked by a pharmacist and some steps are double checked by a pharmacist. As mentioned earlier, the technicians are responsible for entering in new prescriptions, processing refill requests, obtaining refill authorizations, running the monthly scheduled maintenance medications, filling all new, refill and monthly maintenance medications and reconciling billing issues, as well as communicating with the facilities and keeping medication records correct and up-to-date. The pharmacists are responsible for ensuring that all prescriptions were entered correctly into the pharmacy's computer system, medications are filled correctly, properly and in the correct packaging with accurate administration times. Any questions or problems with prescriptions are also clarified and resolved by pharmacists. Due to the fact that 90% of the workload is performed by technicians and the work is more time consuming, it creates a bottle-neck effect for pharmacist. A pharmacist can perform their job at least 10 times faster than what the technicians are doing and because of this, a higher pharmacist to technician ratio would help keep work flow running more smoothly. Thank you for your time and consideration with this matter.


Jennifer Peacock Pharm D.
Owner/Pharmacist-in-charge

LTC Rx, Inc.
13 E. Spruce St. Suite 102
Chippewa Falls, WI 54729

(P) 715-861-4422
(F) 715-861-5141

Chapter Phar 7

PHARMACY PRACTICE

Phar 7.01	Minimum procedures for compounding and dispensing.	Phar 7.065	Answering machines in pharmacies.
Phar 7.015	Pharmacy technicians.	Phar 7.07	Medication profile record system.
Phar 7.02	Prescription label; name of drug or drug product dispensed.	Phar 7.08	Prescription orders transmitted electronically.
Phar 7.03	Prescription renewal limitations.	Phar 7.09	Automated dispensing systems.
Phar 7.04	Return or exchange of health items.	Phar 7.095	Operation of remote dispensing sites.
Phar 7.05	Prescription records.	Phar 7.10	Administration of drug products and devices other than vaccines.
Phar 7.055	Transfer of prescription order information.	Phar 7.12	Central fill pharmacy.

Phar 7.01 Minimum procedures for compounding and dispensing. (1) Except as provided in sub. (4), a pharmacist or pharmacist-intern who compounds or dispenses according to a prescription order shall follow the procedures described in this rule and other applicable procedures. The pharmacist or pharmacist-intern as directed and supervised by a pharmacist shall:

(a) Receive electronic or oral prescription orders of a prescriber, review all original and renewal prescription orders, whether electronic, written or oral, and determine therapeutic compatibility and legality of the prescription order. The review shall include, when indicated or appropriate, consultation with the prescriber.

(b) Read and interpret a prescriber's directions for use for the purpose of accurately transferring the instructions to the prescription label.

(c) Select, compound, mix, combine, measure, count and otherwise prepare drugs needed to dispense a prescription except that an agent of the pharmacist may procure, measure or count prefabricated dosage forms if a pharmacist verifies accuracy of the agent's action.

(d) Make a final check on the accuracy and correctness of the prescription. For all original and renewed prescriptions, the prescription order record shall identify the pharmacist responsible for the prescription.

(e) Give the patient or agent appropriate consultation relative to the prescription except that prescriptions may be delivered by an agent of the pharmacist to a location of the patient's choice if the delivery is accompanied by appropriate directions and an indication that consultation is available by contacting the pharmacist. The consultation requirement applies to original and renewal prescription orders and, except when prescriptions are delivered to a location of the patient's choice, is not satisfied by only offering to provide consultation.

(em) Transfer the prescription to the patient or agent of the patient.

(f) Receive, when required by law and standard professional practice, permission to renew from authorized prescribers, and note on the prescription order, medication profile record or uniformly maintained and readily retrievable document the following information:

1. Date renewed.
2. Name of practitioner authorizing renewal, if different from the original prescriber.
3. Quantity of drug dispensed.
4. Identification of the pharmacist renewing the prescription.

(2) Subsection (1) (d) and (e) does not prohibit institutional pharmacists or community pharmacists serving institutions from receiving prescription orders, dispensing and returning prescription medications consistent with accepted inpatient institutional drug distribution systems. Subsection (1) applies to any institutional pharmacy dispensing to outpatients, including prescriptions for discharged patients.

(3) A pharmacist may supervise no more than one pharmacy intern and 4 pharmacy technicians engaged in compounding and dispensing activities as described in sub. (1), except a higher ratio may be authorized by the board upon request to and approval by the board of a specific plan describing the manner in which additional interns or pharmacy technicians shall be supervised.

(4) A system for compounding and dispensing not in conformance with subs. (1) to (3) may be used if reviewed and approved by the board.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; am. (1) (intro.), (d) and (f) (intro.), Register, August, 1991, No. 428, eff. 9-1-91; am. (1) (e), Register, January, 1996, No. 481, eff. 2-1-96; am. (1) (a), (e), (f) (intro.), (3) and cr. (1) (em), Register, December, 1998, No. 516, eff. 1-1-99; am. (1) (a), Register, November, 1999, No. 527, eff. 12-1-99; am. (3), Register, April, 2001, No. 544, eff. 5-1-01; CR 13-018; am. (1) (e) Register October 2013 No. 694, eff. 11-1-13.

Phar 7.015 Pharmacy technicians. (1) As used in this section, "pharmacy technician" means a non-pharmacist or non-pharmacist intern who, under the general supervision of a pharmacist who regularly coordinates, directs and inspects the activities of the pharmacy technician, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management. "Pharmacy technician" does not include ancillary persons which include, clerks, secretaries, cashiers or delivery persons, who may be present in the pharmacy.

(2) A pharmacist may delegate technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:

(a) Accepting written or electronic prescription orders of the prescribing practitioner or from the prescribing practitioner's agent.

(b) Accepting original oral prescription orders from the prescribing practitioner or prescribing practitioner's agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.

(c) Requesting authorization for a refill from the prescribing practitioner.

(d) Accepting oral authorization for a refill from the prescribing practitioner or prescribing practitioner's agent, provided there are no changes to the original prescription order.

(e) Accepting a request from a patient to refill a prescription.

(f) Obtaining and entering patient or prescription data into the patient information system.

(g) Preparing a prescription label.

(h) Retrieving medication from stock, counting or measuring medication, and placing the medication in its final container.

(i) Reconstituting prefabricated dosage forms.

(j) Compounding pharmaceuticals pursuant to written policies and procedures.

(k) Affixing a prescription label to its final container.

(L) Placing ancillary information on the prescription label.

Wisconsin Department of Safety and Professional Services

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 Phone #: (608) 266-2112

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 Website: http://dps.wi.gov

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

COMPLETED FORM MUST BE SUBMITTED AND APPROVED BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETINGS AND THIS MAY TAKE AN EXTENDED PERIOD OF TIME FOR APPROVAL. PLEASE SUBMIT FORM REQUESTS IN ADVANCE TO ENSURE NO FURTHER DELAYS. All variance requests should be submitted to the Board at least 15 working days prior to the next regularly scheduled Board meeting in order to be placed on the agenda for that meeting. View the department website at <http://dps.wi.gov> for information regarding the dates of regularly scheduled Board meetings. *If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.*

<input type="checkbox"/> NEW PHARMACY <input checked="" type="checkbox"/> EXISTING PHARMACY	TYPE OF PHARMACY: <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> INSTITUTIONAL	CURRENT WI LICENSE NUMBER: <p style="text-align: center; font-size: 1.2em;">9055-42</p>
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DBA: Name or title under which business is operated. (This must be the name on the pharmacy label.) <p style="font-size: 1.2em; text-align: center;">LTC Rx, Inc.</p>	TELEPHONE NO. (715) 861-4422 FAX NO. (715) 861-6141
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PHARMACY ADDRESS: number, street, city, zip code
 13 E. Spruce St., Suite 102, Chippewa Falls, WI 54729

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

CONTACT NAME OF PERSON REQUESTING VARIANCE <p style="font-size: 1.2em;">Jennifer Peacock</p> <p style="font-size: 0.8em;">jen@ltxr-cf.com (please print)</p>	TELEPHONE NO. (715) 861-4422
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EMAIL ADDRESS <p style="font-size: 0.8em; letter-spacing: 0.2em;">j e n @ l t x r - c f . c o m</p>	HOURS AVAILABLE <p style="font-size: 1.2em;">Monday - Friday 9am to 6pm</p>	Do you wish to appear before the board for questions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule	Variance Requested
Phar 7.01(3) - RPh to tech ratio	Authorization for a higher ratio

NOTE - A variance may only be granted if it is authorized in the rule.

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

- For each specific activity or practice involved indicate the specific rule for which a variance is being sought, and the authority which authorizes the variance.
- Specifically identify how the proposed variance will meet professional standards for patient safety and confidentiality, including specifically each step in the prescription order handling/dispensing process to address: security, work flow delineation and accountability and pharmacist supervision over each step in the process.

Wisconsin Department of Safety and Professional Services

I/We declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

Jennifer Peacock

Requester Signature

owner / pharmacist in-charge 4/7/15

Title

Date

Jennifer Peacock

Printed Name of person signing above

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

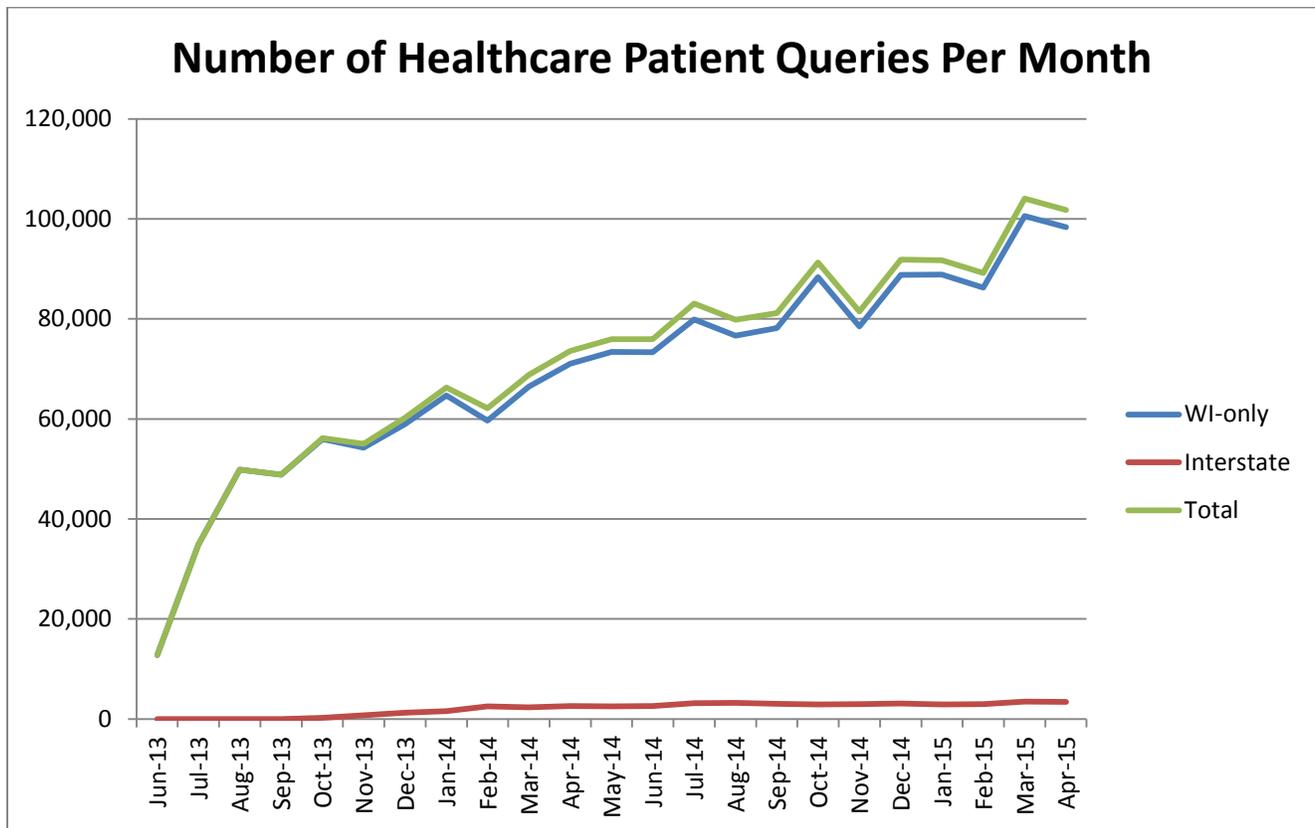
1) Name and Title of Person Submitting the Request: Chad Zadrazil, PDMP Program Director		2) Date When Request Submitted: May 21, 2015 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: June 3, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? PDMP Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input checked="" type="checkbox"/> Yes by PDMP Staff, if needed <small>(name)</small> <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>PDMP Information is attached. We will be available to answer the Board's questions.</p>			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



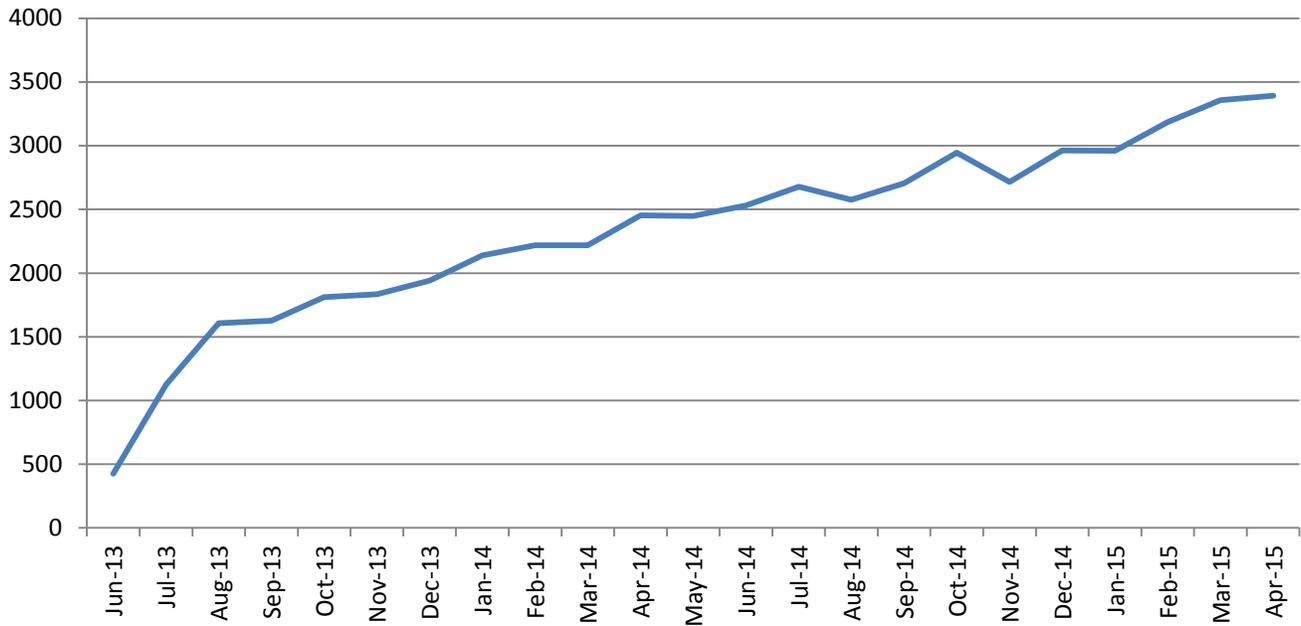
Operational Statistics of the WI PDMP

Compiled on May 21, 2015

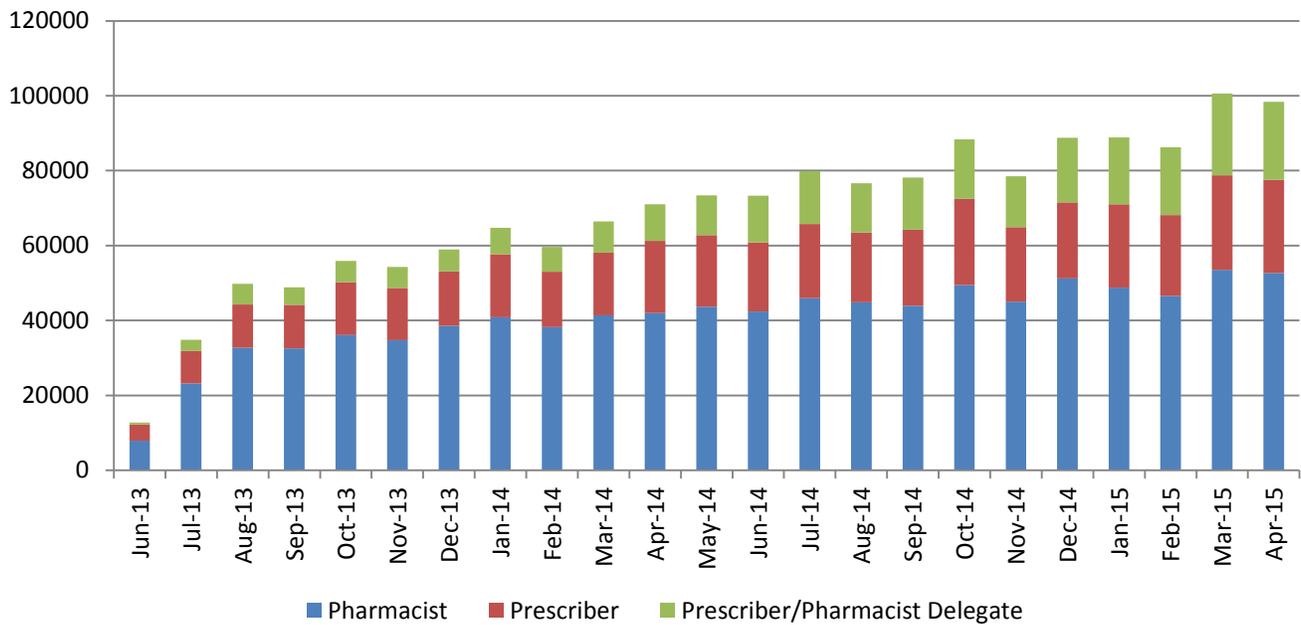
- Approximately 25.8 million R_x records in the database
- Approximately 1,800 dispensers actively submitting data
- Approximately 11,800 healthcare users have query accounts
- Healthcare users have created over 1.6 million recipient queries since June 1, 2013
 - In addition, healthcare users have created over 47,000 interstate queries since October 1, 2013
- Healthcare Users have initiated approximately 1,135 PDMP Alerts since July 1, 2013



Average Number of Healthcare Patient Queries Per Day



Recipient Queries Performed by User Group



**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 20 May 2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 3 June 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation And Rule Matters – Discussion And Consideration 1. Verbal Update On Pending Projects a. Phar 2, 4 Relating To Act 114 b. Phar 5 Relating To Renewal/Reinstatement c. Phar 6 Relating To Temperature And Humidity Controls d. Phar 7 Relating To Practice Of Pharmacy e. Phar 15 Relating To Compounding f. Phar 18 Relating to PDMP Clean-Up 2. Verbal Update On Legislation a. AB 96/SB74 Relating To Prescriptions Issued By Optometrists For Controlled Substances b. AB 228 Relating To Definition Of Tetrahydrocannabinols (CBD). 3. Draft Of Phar 1 and 8 Relating To Definitions And Controlled Substances 4. Proposals For Phar 8 Relating To Recording Name And Health Care Facility Definition 5. Proposals For Phar 18 Relating To Act 199 6. Proposals For Phar 14 Relating To Medical Oxygen 7. Update On Legislation And Pending And Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: 			
11) Authorization			
<i>Sharon Henes</i>		<i>20 May 2015</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULE-MAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : PHARMACY EXAMINING BOARD
PHARMACY EXAMINING BOARD : ADOPTING RULES
: (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Pharmacy Examining Board to amend Phar 1.02 (10) and 8.07 (2) relating to definitions and controlled substances.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 450.06, 450.065, 961.38, Stats.

Statutory authority: ss. 15.08 (5) (b), 450.02 (2), and 961.31 Stats.

Explanation of agency authority:

The Pharmacy Examining Board shall promulgate rules for its own guidance and for the guidance of the profession and define and enforce professional conduct and unethical practices not inconsistent with the law relating to pharmacy.

The Pharmacy Examining Board shall adopt rules defining the active practice of pharmacy.

The Pharmacy Examining Board may promulgate rules relating to the manufacture, distribution and dispensing of controlled substances within this state.

Related statute or rule:

Plain language analysis:

Section 1 clarifies that the definition pharmacy includes out-of-state pharmacies licensed by the board.

Section 2 moves the word “emergency” to only modify an oral prescription order. Electronic prescriptions are allowed for controlled substances regardless of whether it is an emergency. Oral prescriptions are allowed for controlled substances only in an emergency. Later in this sentence, the word “emergency” correctly only modifies oral prescription. This rule creates consistency in the treatment of electronic orders within the subsection.

Summary of, and comparison with, existing or proposed federal regulation:

21 CFR 1311 allows electronic prescriptions for controlled substances.

Comparison with rules in adjacent states:

Illinois: Illinois does not have a definition for the word “pharmacy”. Their definitions define specific types of pharmacies. Electronically transmitted prescriptions for controlled substances may be dispensed only as provided by federal law.

Iowa: Iowa does not have a definition for the word “pharmacy”. Electronic prescriptions may be accepted for controlled substances.

Michigan: Michigan does not have a definition for the word “pharmacy”. Electronic prescriptions of controlled substances are allowed, if not prohibited by federal law.

Minnesota: Minnesota does not have a definition for the word “pharmacy”. Electronic prescriptions are allowed if they conform to the rules of the federal Drug Enforcement Administration.

Summary of factual data and analytical methodologies:

The Board reviewed the rule and clarified provisions for consistency purposes.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at Sharon.Henes@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Board Services, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8366, or by email to Sharon.Henes@wisconsin.gov. Comments must be received on or before * to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Phar 1.02 (10) is amended to read:

Phar 1.02 (10) “Pharmacy” means any place of practice licensed by the board under ~~s.~~ ss. 450.06 or 450.065, Stats. unless otherwise provided for in s. 450.065.

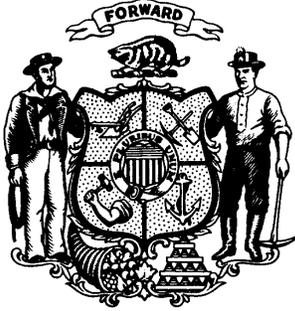
SECTION 2. Phar 8.07 (2) is amended to read:

Phar 8.07 (2) The partial dispensing of a prescription containing a controlled substance listed in schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written, ~~or emergency~~-electronic or emergency oral prescription order, and the pharmacist makes a notation of the quantity supplied on the face of the written hard copy prescription order or written record of the electronic or emergency oral prescription order. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing. If the remaining portion is not dispensed within the 72 hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond the 72 hours without a new prescription order.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

State of Wisconsin



2013 Assembly Bill 445

Date of enactment: April 7, 2014
Date of publication*: April 8, 2014

2013 WISCONSIN ACT 199

AN ACT to amend 450.19 (2) (b); and to create 450.11 (1b), 450.11 (9) (bm) and 450.19 (2m) of the statutes; relating to: identification presentation, name recording, monitoring for certain prescription drugs, and authorizing the exercise of rule-making authority.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 450.11 (1b) of the statutes is created to read:

450.11 (1b) IDENTIFICATION CARD REQUIRED FOR CERTAIN CONTROLLED SUBSTANCES. (a) In this subsection:

1. "Health care facility" means a facility, as defined in s. 647.01 (4); any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09; a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42, or 252.10; and any other facility identified by the board by rule.

2. "Identification card" means any of the following:

a. An operator's license issued under ch. 343 or under a comparable law of another state.

b. An identification card issued under s. 343.50 or under a comparable law of another state.

c. An identification card issued by a U.S. uniformed service.

d. A U.S. or foreign passport.

(b) Except as provided under par. (e), a controlled substance included in schedule II or III of ch. 961 may not be dispensed, and may not be delivered to a representa-

tive of the ultimate user, without an identification card belonging to the person to whom the drug is being dispensed or delivered.

(bm) A pharmacist or other person dispensing or delivering a drug shall legibly record the name on each identification card presented under par. (b) to the pharmacist or other person, and the name of each person to whom a drug is dispensed or delivered subject to par. (e) 2., and shall maintain that record for a time established by the board by rule or, for a record that is subject to s. 450.19, until the name is delivered to the board under s. 450.19, whichever is sooner.

(c) If the person to whom a drug subject to par. (b) is being delivered is not the ultimate user of the drug, the person delivering the drug may ask the ultimate user of the drug to designate a person who is authorized to pick up the drug on behalf of the ultimate user and may inform the person to whom the drug is being delivered that his or her identification is being recorded.

(d) A pharmacist is immune from any civil or criminal liability and from discipline under s. 450.10 for any act taken by the pharmacist in reliance on an identification card that the pharmacist reasonably believed was authentic and displayed the name of the person to whom the drug was being delivered if the sale was made in good faith.

* Section 991.11, WISCONSIN STATUTES: Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication."

(e) No identification card is required under par. (b) if any of the following applies:

1. The drug is administered or dispensed directly to the ultimate user by a practitioner.
2. The pharmacist or other person dispensing or delivering the drug has personal knowledge of the person to whom the drug is dispensed or delivered and that the person is the ultimate user or the ultimate user's authorized representative.
3. The drug is delivered to a health care facility to be administered in the health care facility.

(f) The board may, by rule, establish an exemption from the requirements under this subsection for the delivery of a drug by mail if the board determines that the exemption is necessary.

SECTION 2. 450.11 (9) (bm) of the statutes is created to read:

450.11 (9) (bm) A violation of sub. (1b) is not punishable under par. (a) or (b).

SECTION 3. 450.19 (2) (b) of the statutes is amended to read:

450.19 (2) (b) Identify specific data elements to be contained in a record documenting the dispensing of a prescription drug, including the method of payment and, subject to sub. (2m), the name recorded under s. 450.11 (1b) (bm). In identifying specific data elements, the board shall consider data elements identified by similar programs in other states and shall ensure, to the extent possible, that records generated by the program are easily shared with other states.

SECTION 4. 450.19 (2m) of the statutes is created to read:

450.19 (2m) (a) The rules promulgated under sub. (2) may not require that a record delivered to the board before 2 years after the effective date of this paragraph ... [LRB inserts date], contain the name recorded under s. 450.11 (1b) (bm).

(b) After consultation with representatives of licensed pharmacists and pharmacies, and subject to the approval of the secretary, the board may delay the requirement that a record delivered to the board contain the name recorded under s. 450.11 (1b) (bm) for an additional period beyond the date specified in par. (a).



National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014
Tel: 847/391-4406 • Fax: 847/391-4502
Web Site: www.nabp.net

nabp

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Carmen A. Catizone, Executive Director/Secretary
DATE: April 2, 2015
RE: 2015 NABP Program Review and Training Session

The National Association of Boards of Pharmacy® (NABP®) is pleased to announce that we will be hosting our Annual Program Review and Training session for board staff members who are new or seeking a refresher course on NABP programs and services.

The Program Review and Training session will be held at NABP Headquarters in Mount Prospect, IL, on July 21-22, 2015, beginning with a group dinner on Tuesday, July 21, 2015, at 6 PM and following with the training session on Wednesday, July 22, 2015, from 8:30 AM to 4 PM.

The interactive sessions between NABP staff and board representatives will provide an overview of the following NABP programs and services:

- Electronic Licensure Transfer Program® (e-LTP™) and license verification
- NABP Clearinghouse/National Practitioner Data Bank reporting
- Competency Assessment Programs and Services
 - North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®)
 - Pharmacist Assessment for Remediation Evaluation® (PARE®)
 - NABP e-Profile Connect: NAPLEX/MPJE eligibility; score reporting and Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certification; and online reporting to candidates
 - FPGEC Certification Program including the application, examination, and certification process
 - Pharmacy Curriculum Outcomes Assessment® (PCOA®) program
- Accreditation Programs and Services
 - Verified Pharmacy Program™ (VPP™) and inspection sharing network
 - Verified Internet Pharmacy Practice Sites® (VIPPS®); Veterinary-Verified Internet Pharmacy Practice Sites® (Vet-VIPPS®); Verified-Accredited Wholesale Distributors® (VAWD®); durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) accreditation; and the NABP e-Advertiser Approval^{CM} Program
 - Community Pharmacy Practice Accreditation
- Internet Drug Outlet Identification program and the .Pharmacy Top-Level Domain Program
- AWA_R_XE® Prescription Drug Safety Program
- CPE Monitor® service and the continuing pharmacy education (CPE) reporting tool for the boards
- NABP PMP InterConnect®
- Government Affairs and Member Relations
- Professional Affairs
- Communications

We can accommodate a total of 20 participants, so please contact us at your earliest convenience to ensure we can hold a place for your staff member. Currently, NABP plans to pay for reasonable transportation costs, one night's hotel accommodation, and three meals for one participant per board. If a member from your board is attending the training session, please have the participant complete and submit the attached hotel reservation form so that we may confirm his or her attendance and reserve a room at the Hilton Northbrook hotel in Northbrook, IL.

Hotel Information/Reservations

Following receipt of the hotel reservation form, NABP will reserve rooms for participants at:

**The Hilton Northbrook
2855 N Milwaukee Ave
Northbrook, IL 60062
Phone: 847/480-7500**

NABP's master account at the hotel includes only room and room tax. Therefore, if you wish to charge meals or other expenses during your stay, please be sure to bring a personal credit card that can be imprinted for the hotel's use. Should you decide to stay in the Chicago area for additional nights, NABP will reserve a room for you if you supply a credit card guarantee. However, all charges for additional nights are the responsibility of the individual and will not be paid by NABP.

Travel Arrangements

NABP has engaged the services of **Options Travel, located in Des Plaines, IL**, to handle the airline reservations for all Association meetings. **Association policy requires that all NABP-related travel arrangements be made through this designated agent. Tickets booked elsewhere will not be reimbursed.** We ask that you plan to arrive in Chicago by 4 PM the evening of Tuesday, July 21, 2015, and plan your departure for any time after 5 PM on Wednesday, July 22, 2015. When you are ready to make your airline reservations to attend the training session, please contact:

**Options Travel
800/544-8785
Meeting Code 0401**

(Please mention the meeting code when making your flight arrangements.)

All Options Travel agents are aware that you will be contacting them for airline reservations to Chicago O'Hare International Airport and can help you book your tickets. Your airfare will be charged directly to the NABP master account and you may, of course, keep all frequent flyer mileage earned during your trip. Please note that airfare exceeding \$600 must be pre-approved by NABP.

We look forward to seeing a member from your state board and anticipate a productive meeting in July! Please feel free to call Julie Burstyn, human resources coordinator, at 800/774-6227 or directly at 847/391-4542 if you have any questions or need additional information.

Thank you for your time. We look forward to hearing from you.

Attachment

cc: NABP Executive Committee

**HOTEL RESERVATION FORM
2015 NABP PROGRAM REVIEW AND TRAINING**

July 21-22, 2015
Hilton Northbrook Hotel
Northbrook, Illinois
847/480-7500

(Please type or print)

Participant Name _____ Title _____

Address _____ City _____

State _____ Zip _____ E-mail address _____

Telephone (office) _____ Telephone (cell) _____

Will arrive on _____
(Day) (Date) (Time)

Will depart on _____
(Day) (Date) (Time)

Accommodations:
(Please select)

King Bed: _____

Smoking: _____

2 Double Beds: _____

Non-Smoking: _____

Special Dietary or Physical Accommodations: _____

Will you attend the dinner on Tuesday, July 21, 2015? Yes _____ No _____

Please return this form via fax or e-mail on or before June 5, 2015, to:

Julie Burstyn
Fax No.: 847/375-1742
E-mail address: jburstyn@nabp.net



March 27, 2015

Dan Williams
Executive Director
Wisconsin Pharmacy Examining Board
PO Box 8935
Madison, WI 53708-8935

Re: Expected shortages in the supply of generic Nexium

Dear Mr. Williams,

On behalf of our members that operate approximately 670 pharmacies in the state of Wisconsin, the National Association of Chain Drug Stores (NACDS) is writing regarding an issue of concern that will impact pharmacies' ability to serve patients' prescription needs in the state of Wisconsin.

In late February, the United States Food and Drug Administration approved the first generic version of Nexium (esomeprazole magnesium). While this generic product will soon be making its way into U.S. drug distribution channels, it is expected that there will be intermittent supply disruptions over the next six months. As a result, pharmacies in Wisconsin may not always have the generic product in stock. Where that is the case, pharmacies filling prescriptions for esomeprazole magnesium will only be able to fill prescriptions with the brand Nexium product.

This situation is particularly problematic in the state of Wisconsin, where W.S.A. 450.13 requires that "a pharmacist shall dispense every prescription using... [the] drug product equivalent, if its drug product equivalent is lower in price to the consumer than the drug product prescribed..." except where the prescriber has indicated "*No substitutions* or words of similar meaning or the initials *NS...*" on the prescription.

Given the supply disruptions that pharmacies are expecting to experience, we ask the Board to exercise enforcement discretion and allow pharmacies that receive prescriptions authorizing generic substitution to dispense the brand Nexium product when the generic product is unavailable. This will serve to eliminate administrative burdens on pharmacists who would otherwise need to call prescribers for new prescriptions and would facilitate the timely delivery of patient care.

NACDS welcomes the Board's response to our inquiry on this important patient care matter. Please do not hesitate to contact me with any questions or for further assistance. I can be reached at: 847-905-0555 or jkurzman@nacds.org.

Sincerely,

Joel Kurzman
Director, State Government Affairs