



PHARMACY EXAMINING BOARD
Contact: Dan Williams (608) 266-2112
Room 121A, 1400 East Washington Avenue, Madison, WI 53703
September 23, 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

11:00 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 July 22, 2015 (6-10)**
- C. Administrative Updates – Discussion and Consideration**
 - 1) Staff Updates
 - 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 – 7/1/2019
 - e. Kristi Sullivan – 7/1/2016
 - f. Philip Trapskin – 7/1/2017
 - g. Cathy Winters – 7/1/2017
- D. 11:00 A.M. – PUBLIC HEARING: Clearinghouse Rule 15-064 Amending Phar 1 and 8, Relating to Definitions and Controlled Substances**
 - 1) Review and Respond to Clearinghouse Report and Public Hearing Comments **(11-18)**
- E. Variances – Discussion and Consideration**
 - 1) Reports
 - a. University of Wisconsin Hospital and Clinics **(19-23)**
 - 2) Requests
 - a. LTC Rx **(24-27)**
 - b. Memorial Medical Center **(28-51)**
- F. Legislation/Administrative Rule Matters – Discussion and Consideration**
 - 1) Consulting Regarding 2015 Wisconsin Act 34, Relating to Optometrists Prescribing Hydrocodone Combination Products **(52-53)**
 - 2) Pending Projects

- a. Phar 2, 4, Relating to Application and Examination **(54-55)**
- b. Phar 5, Relating to Renewal and Reinstatement **(56-59)**
- c. Phar 6, Relating to Temperature and Humidity Controls
- d. Phar 7, Relating to Practice of Pharmacy
- e. Phar 14, Relating to Medical Oxygen
- f. Phar 15, Relating to Compounding
- 3) Update on Controlled Substances Board Rule Projects
 - a. CSB 4, Relating to Submission of Data to the Prescription Drug Monitoring Program
- 4) Update on Legislation and Pending or Possible Rulemaking Projects

G. Speaking Engagement(s), Travel, or Public Relations Request(s)- Discussion and Consideration

- 1) Travel Reports:
 - a. Drug Enforcement Administration (DEA) Conference on July 25, 2015 in Milwaukee, WI – Rocky LaDien
 - b. Pharmacy Society of Wisconsin (PSW) Legislative Breakfast on September 11, 2015 – Rocky LaDien and Philip Trapskin

H. Informational Items - Discussion and Consideration

- 1) National Association Boards of Pharmacy – VPP Update **(60-62)**
- 2) DEA Letter **(63)**

I. Items Received After Preparation of the Agenda

- 1) Introductions, Announcements and Recognition
- 2) Election of Board Officers
- 3) Appointment of Board Liaisons
- 4) Administrative Updates
- 5) Education and Examination Matters
- 6) Credentialing Matters
- 7) Practice Matters
- 8) Legislation/Administrative Rule Matters
- 9) Informational Items
- 10) Disciplinary Matters
- 11) Presentations of Petitions for Summary Suspension
- 12) Petitions for Designation of Hearing Examiner
- 13) Presentation of Proposed Stipulations, Final Decisions and Orders
- 14) Presentation of Proposed Final Decision and Orders
- 15) Presentation of Interim Orders
- 16) Petitions for Re-Hearing
- 17) Petitions for Assessments
- 18) Petitions to Vacate Orders
- 19) Requests for Disciplinary Proceeding Presentations
- 20) Motions
- 21) Petitions
- 22) Appearances from Requests Received or Renewed
- 23) Speaking Engagement(s), Travel, or Public Relations Request(s)

- 24) Division of Legal Services and Compliance (DLSC) Matters
- 25) Prescription Drug Monitoring Program Information
- 26) Consulting with Legal Counsel
- 27) **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: Charlotte Rasmussen
 - k. Screening Panel: Cathy Winters, Franklin LaDien, Charlotte Rasmussen

J. 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.).

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

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

- a. 14 PHM 087 (M.A.P.) (64-69)
- b. 15 PHM 064 (W.P.) (70-75)
- c. 15 PHM 065 (R. & R.P.) (76-82)
- d. 15 PHM 102 (C.P.) (83-88)

2) **Administrative Warnings**

- a. 14 PHM 012 (F.H.) (89-90)
- b. 15 PHM 035 (C.H.W.) (91-92)
- c. 15 PHM 035 (T.J.L.) (93-94)

3) **Case Closings**

- a. 14 PHM 005 (E.S.) (95-97)
- b. 14 PHM 006 (C.C.) (98-100)
- c. 14 PHM 042 (R.L.H.) (101-103)
- d. 14 PHM 080 (I.A.) (104-106)
- e. 14 PHM 092 (S.H.) (107-108)
- f. 14 PHM 099 (E.P.S.) (109-110)
- g. 14 PHM 105 (L.C.P.D.) (111-112)
- h. 14 PHM 113 (T.C.P.) (113-114)
- i. 14 PHM 119 (H.P.) (115-116)
- j. 14 PHM 119 (J.P.H.) (117-118)
- k. 14 PHM 120 (A.M.H.) (119-120)
- l. 14 PHM 120 (H.W.P.) (121-122)

- m. 14 PHM 122 (E.A.W.) (123-124)
- n. 14 PHM 122 (S.S.) (125-126)
- o. 15 PHM 007 (W.) (127-130)
- p. 15 PHM 012 (L.C.) (131-132)
- q. 15 PHM 014 (V.R.D.) (133-134)
- r. 15 PHM 021 (C.H.414) (135-136)
- s. 15 PHM 022 (P.M.) (137-138)
- t. 15 PHM 023 (E.P.I.) (139-143)
- u. 15 PHM 024 (W.) (144-145)
- v. 15 PHM 025 (BCP V.P.) (146-147)
- w. 15 PHM 026 (M.C.P.S.) (148-149)
- x. 15 PHM 027 (D.P.) (150-151)
- y. 15 PHM 028 (C.P.S.) (152-153)
- z. 15 PHM 031 (W.S.P.) (154-155)
- aa. 15 PHM 032 (S.D.) (156-157)
- bb. 15 PHM 033 (O.P.S.I.) (158-159)
- cc. 15 PHM 034 (P.I.) (160-161)
- dd. 15 PHM 055 (C.H.) (162-165)
- ee. 15 PHM 055 (D.R.N.) (166-169)
- ff. 15 PHM 055 (J.R.J.) (170-173)
- gg. 15 PHM 058 (R. & R.) (174-175)
- hh. 15 PHM 059 (P.) (176-177)
- ii. 15 PHM 060 (C.P.P.) (178-179)
- jj. 15 PHM 061 (M.C.D.) (180-181)
- kk. 15 PHM 071 (A.H.G.I.) (182-183)
- ll. 15 PHM 072 (A.C.P.) (184-185)
- mm. 15 PHM 073 (D.S.I.) (186-187)
- nn. 15 PHM 074 (H.M.P.) (188-189)
- oo. 15 PHM 075 (M.A.P.) (190-191)
- pp. 15 PHM 077 (N.C.M.S.) (192-193)
- qq. 15 PHM 078 (P.S.P.) (194-195)
- rr. 15 PHM 079 (A.P.) (196-197)
- ss. 15 PHM 080 (R.P.) (198-199)
- tt. 15 PHM 081 (S.D.LLC) (200-201)
- uu. 15 PHM 082 (P.C.) (202-203)
- vv. 15 PHM 083 (T.V.P.) (204-205)
- ww. 15 PHM 098 (A.P.) (206-207)
- xx. 15 PHM 099 (B.H.I.) (208-209)
- yy. 15 PHM 103 (P.I.) (212-214)
- zz. 15 PHM 116 (A.H.S.) (215-216)
- aaa. 15 PHM 117 (DCA P.) (217-218)
- bbb. 15 PHM 119 (H.P.) (219-220)
- ccc. 15 PHM 121 (B.R.) (221-222)
- ddd. 15 PHM 124 (A.P.) (223-224)
- eee. 15 PHM 135 (V.R.P.) (225-226)

4) **Deliberation on Monitoring Matters**

a. Scott Vondra, R.Ph. – Requesting Modification (227-247)

L. Deliberation of Items Received After Preparation of Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspension
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Administrative Warnings
- 10) Review of Administrative Warnings
- 11) Proposed Final Decisions and Orders
- 12) Orders Fixing Costs/Matters Related to Costs
- 13) Case Closings
- 14) Proposed Interim Orders
- 15) Petitions for Assessments and Evaluations
- 16) Petitions to Vacate Orders
- 17) Remedial Education Cases
- 18) Motions
- 19) Petitions for Re-Hearing
- 20) Appearances from Requests Received or Renewed

M. Consult with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: NOVEMBER 18, 2015

**PHARMACY EXAMINING BOARD
MEETING MINUTES
July 22, 2015**

PRESENT: Terry Maves, Charlotte Rasmussen, Thaddeus Schumacher, Kristi Sullivan (*excused from the meeting at 11:45a.m.*), Philip Trapskin, Cathy Winters

EXCUSED: Franklin LaDien

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 11:26 a.m. A quorum was confirmed.

ADOPTION OF AGENDA

MOTION: Charlotte Rasmussen moved, seconded by Kristi Sullivan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JUNE 3, 2015

MOTION: Philip Trapskin moved, seconded by Kristi Sullivan, to approve the minutes of June 3, 2015 as published. Motion carried unanimously.

VARIANCES

Kristi Sullivan was excused from the meeting at 11:45a.m.

Requests

Froedtert Hospital Pharmacy

MOTION: Terry Maves moved, seconded by Charlotte Rasmussen, the Board accepts the amended Tech-Check-Tech/First Dose Variance Request submitted by Froedtert Hospital Pharmacy. The amendment to the request consists of the following: a pharmacist double check of thirty percent of Tech-Check-Tech doses, Tech-Check-Tech reporting on a quarterly basis, and an appearance before the Board six months after implementation ending 09/01/2016. Motion carried unanimously.

Morton LTC Pharmacy

MOTION: Philip Trapskin moved, seconded by Cathy Winters, the Board accepts the request to transfer Technician Ratio Variance from license number 8679-42 to license number 9299-42 submitted by Morton LTC Pharmacy with the addition of standard reporting requirements. Motion carried unanimously.

Omnicare Pharmacy of La Crosse

MOTION: Philip Trapskin moved, seconded by Terry Maves, the Board accepts the Tech-Check-Tech Variance Request submitted by Omnicare Pharmacy of La Crosse with standard reporting requirements pending resubmission of Pharmacy Variance Request form. Motion carried unanimously.

Fort Healthcare Pharmacy

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to table the Tech-Check-Tech Variance Request submitted by Fort Healthcare Pharmacy. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

Pending Projects

Phar 8 Relating to Recording Name and Health Care Facility Definition

MOTION: Philip Trapskin moved, seconded by Cathy Winters, to designate the Chair to approve the revision of Phar 8 relating to Recording Name and Health Care Facility Definition for posting for economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Phar 14 Relating to Home Medical Oxygen Providers

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to authorize the Chair to approve the creation of Phar 14 relating to Home Medical Oxygen Providers for emergency rule submission to the governor, publication in an official newspaper and for the permanent rule posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

Update on Legislation and Pending or Possible Rulemaking Projects

Track and Trace Pedigree System

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to request DSPS staff draft a Scope Statement relating to Track and Trace Pedigree System and the implementation is to take place upon promulgation of the rule. Motion carried unanimously.

SPEAKING ENGAGEMENT(S), TRAVEL, OR PUBLIC RELATIONS REQUEST(S)

Pharmacy Society of Wisconsin (PSW) Legislative Breakfast – September 11, 2015

MOTION: Cathy Winters moved, seconded by Charlotte Rasmussen, to designate Philip Trapskin and/or Rocky LaDien to speak on the Board's behalf at the PSW Legislative Breakfast on September 11, 2015 in Milwaukee, WI regarding Pharmacy rules. Motion carried unanimously.

MOTION: Cathy Winters moved, seconded by Terry Maves, to approve the designation of Rocky LaDien, as the Board's delegate, to attend the DEA Conference on July 25, 2015 in Milwaukee, WI and to authorize travel. 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: Terry Maves-yes, Charlotte Rasmussen-yes; Thaddeus Schumacher-yes; Philip Trapskin-yes; Cathy Winters-yes. Motion carried unanimously.

The Board convened into Closed Session at 2:03 p.m.

RECONVENE TO OPEN SESSION

MOTION: Charlotte Rasmussen moved, seconded by Cathy Winters, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:32 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

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

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

13 PHM 010 – P.S.

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against PharMEDium Services, LLC, DLSC case number 13 PHM 010. Motion carried unanimously.

14 PHM 042 – K.P. K.

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 Kimberly Peterson-Kuebli, R.Ph., DLSC case number 14 PHM 042. Motion carried unanimously.

Administrative Warnings

15 PHM 016 – C.C.

MOTION: Philip Trapskin moved, seconded by Terry Maves, to issue an Administrative Warning in the matter of DLSC case number 15 PHM 016 (C.C.). Motion carried unanimously.

Case Closings

MOTION: Cathy Winters moved, seconded by Philip Trapskin, to close the DLSC cases for the reasons outlined below:

1. 13 PHM 065 – Prosecutorial Discretion (P2)
2. 14 PHM 060 – Prosecutorial Discretion (P2)
3. 14 PHM 094 – Prosecutorial Discretion (P2)
4. 14 PHM 098 – Prosecutorial Discretion (P2)
5. 14 PHM 100 – Prosecutorial Discretion (P2)
6. 14 PHM 106 – Prosecutorial Discretion (P2)
7. 14 PHM 108 – Prosecutorial Discretion (P2)
8. 14 PHM 110 – Prosecutorial Discretion (P2)
9. 14 PHM 111 – Prosecutorial Discretion (P2)
10. 14 PHM 116 – Prosecutorial Discretion (P2)
11. 14 PHM 117 – Prosecutorial Discretion (P2)

Motion carried unanimously.

Monitoring

Erin Orth, R.Ph. – Requesting Modification (Impairment)

MOTION: Terry Maves moved, seconded by Philip Trapskin, to grant the request of Erin Orth, R.Ph. for 16 PIC hours per week. The Board denied the request of Erin Orth, R. Ph. for a reduction in drug and alcohol screens. **Reason for Denial:** Insufficient time under the Board Order as amended on 02/17/2015. Motion carried unanimously.

PROPOSED FINAL DECISION AND ORDER

Delora Pufall (DHA Case # SPS-14-0041)(DLSC Case # 14 PHM 039)

MOTION: Cathy Winters moved, seconded by Philip Trapskin, to adopt the Proposed Decision and Order in the matter of Delora Pufall (DHA Case # SPS-14-0041)(DLSC Case # 14 PHM 039) with the following variance: the Board finds that the applicant has not met the requirements necessary for licensure in Wisconsin. As such, the Board retains the Findings of Fact, but varies the remaining portions of the Order to reflect the Board's decision. Motion carried unanimously.

MOTION: Charlotte Rasmussen moved, seconded by Terry Maves, to designate the Chair to review, approve, and sign the Order with Variance in the matter of Delora Pufall (DHA Case # SPS-14-0041)(DLSC Case # 14 PHM 039). Motion carried unanimously.

DELIBERATION ON CREDENTIALING MATTERS

Application Review(s)

Z.S. – Multi–State Pharmacy Jurisprudence Examination (MPJE) Retake

MOTION: Charlotte Rasmussen moved, seconded by Philip Trapskin, to designate Terry Maves to advise DSPS Staff regarding the Pharmacist application of Zuher Somji. Motion carried unanimously.

ADJOURNMENT

Thaddeus Schumacher adjourned the meeting.

The meeting adjourned at 4:37 p.m.

**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: 11 September 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: 23 September 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 11am Public Hearing on Clearinghouse Rule 15-064 amending Phar 1 and 8 relating to definitions and controlled substances. Review and respond to Clearinghouse Report and Public Hearing comments	
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: Hold Public Hearing at 11:00 Discuss any public hearing comments. Review, discuss and respond to any Clearinghouse comments.			
11) Authorization			
<i>Sharon Henes</i>		<i>11 September 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.			

Notice of Hearing

The Pharmacy Examining Board announces that it will hold a public hearing on a permanent rule to amend Phar 1.02 (10) and 8.07 (2) relating to definitions and controlled substances, at the time and place shown below.

Hearing Information

Date: September 23, 2015

Time: 11:00 a.m.

Location: 1400 East Washington Avenue, Room 121A, Madison, Wisconsin

Appearances at the Hearing and Submittal of Written Comments

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 at or before the public hearing to be held on September 23, 2015 to be included in the record of rule-making proceedings.

The rule may be reviewed and comments made at <http://dsps.wi.gov/Boards-Councils/Rulemaking/Public-Hearing-Comments> no later than September 23, 2015.

Initial Regulatory Flexibility Analysis

The proposed rule will not have an effect on small businesses, as defined under s. 227.114 (1).

Agency Small Business Regulatory Coordinator

Eric Esser, (608) 266-2435, Eric.Esser@wisconsin.gov

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: N/A

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:

This rule was posted for 14 days for economic impact comments and none were received.

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 at or before the public hearing to be held on September 23, 2015 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)

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis
 Original Updated Corrected

2. Administrative Rule Chapter, Title and Number
Phar 1 and 8

3. Subject
Definitions and controlled substances

4. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	5. Chapter 20, Stats. Appropriations Affected
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6. Fiscal Effect of Implementing the Rule
 No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)
 State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses **(if checked, complete Attachment A)**

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?
 Yes No

9. Policy Problem Addressed by the Rule
Clarifies the definition of pharmacy includes out-of-state pharmacies licensed by the Board and move the word "emergency" in Phar 8.07(2) to only modify an oral prescription order. Electronic prescriptions are allowed for controlled substances regardless of whether it is an emergency while oral prescriptions are allowed for controlled substances only in an emergency. Later in the sentence, the word "emergency" correctly only modifies oral prescription and this rule creates consistency in the treatment of electronic orders within the subsection.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.
The rule was posted for economic impact comments and none were received.

11. Identify the local governmental units that participated in the development of this EIA.
None

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)
No economic or fiscal impact.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule
The benefits of implementing the rule are to create clarity and accuracy.

14. Long Range Implications of Implementing the Rule
The benefits of implementing the rule are to create clarity and accuracy.

15. Compare With Approaches Being Used by Federal Government
21 CFR 1311 allows electronic prescriptions for controlled substances.

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)
Our surrounding states do not have a definition of pharmacy, although Illinois does have definitions for the specific types of pharmacies. Illinois, Michigan and Minnesota allow electronic prescriptions for controlled substances as provided in federal law. Iowa allows electronic prescriptions for controlled substances.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

17. Contact Name

Sharon Henes

18. Contact Phone Number

(608) 261-2377

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
-

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
-

Wisconsin Department of Safety and Professional Services

Pharmacy License #: 5940-42

Report Period: 01/01/2015- 6/30/2015

TECH-CHECK- TECH VARIANCE REPORT ACCURACY RATES BY MONTH BY TECHNICIAN

FOR ADDITIONAL TECHNICIANS, PLEASE COPY AND ATTACH TO THIS FORM

Technician Designation **J**

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
X							
January	July	5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 19, 20, 21, 26, 27, 28, 29, 30	1084	0	100%	9633	11.25%
February	August	2, 3, 4, 5, 6, 9, 10, 11, 12, 13, 16, 17, 18, 19, 20, 23, 24, 25, 27, 28	1021	0	100%	9445	10.81%
March	September	2, 3, 4, 5, 6, 9, 11, 12, 13, 16, 17, 18, 19, 20, 23, 25, 26, 27, 28, 29, 31	1214	0	100%	10859	11.18%
April	October	1, 2, 3, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 20, 21, 27, 28, 29, 30	794	0	100%	7716	10.29%
May	November	1, 4, 5, 7, 12, 13, 14, 15, 18, 19, 20, 26, 27, 28, 29	889	0	100%	8319	10.69%
June	December	1, 2, 3, 4, 5, 11, 28	440	0	100%	4136	10.64%
Total			5442	0	100%	50108	10.86%

Technician Designation **R**

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
X							
January	July	1, 5, 7, 8, 11, 23, 24, 28	716	0	100%	7260	9.9%
February	August	4, 5, 8, 12, 20, 21, 22, 23, 26	777	0	100%	6051	12.8%
March	September	4, 5	139	0	100%	1464	9.5%
April	October	18, 19, 24, 30	369	0	100%	3134	11.8%
May	November	1, 4, 7, 12, 16, 17, 19, 22, 28	1078	0	100%	9524	11.3%
June	December	08, 12, 13, 14, 15, 16, 24, 25	694	0	100%	5678	12.2%
Total			3773	0	100%	33111	11.40%

Technician Designation S

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
X							
January	July	6, 10, 12, 13, 14, 20, 21, 27	644	0	100%	6386	10.1%
February	August	6, 7, 9, 10, 16, 17, 18, 24, 25	741	0	100%	6137	12.1%
March	September	3, 6, 7, 8, 9, 10	475	0	100%	4306	11.0%
April	October	4, 5, 9, 15, 16, 22, 23, 29	577	0	100%	6046	9.5%
May	November	2, 3, 13, 14, 20, 21, 27, 30, 31	978	0	100%	7653	12.8%
June	December		0	0	NA	0	NA
Total			3415	0	100%	30528	11.19%

Technician Designation T

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
X							
January	July	9	71	0	100%	1191	5.96%
February	August	27	153	0	100%	793	19.29%
March	September	10	77	0	100%	506	15.22%
April	October	22, 23, 24	203	0	100%	1479	13.73%
May	November	21, 24, 26	72	0	100%	455	15.82%
June	December	18, 23, 24, 26, 27, 29	212	0	100%	1828	11.60%
Total			788	0	100%	6252	12.60%

Technician Designation U

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
X							
January	July	3, 4, 15, 19	292	0	100%	3237	9.02%
February	August		0	0	NA	0	NA
March	September		0	0	NA	0	NA
April	October		0	0	NA	0	NA
May	November		0	0	NA	0	NA
June	December		0	0	NA	0	NA
Total			292	0	100%	3237	9.02%

Technician Designation V

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
X							
January	July	16, 17, 22, 25, 29	475	0	100%	4347	10.93%
February	August	3, 13, 14	233	0	100%	2060	11.31%
March	September	13, 14, 15, 16, 17, 21, 22, 23, 24, 25, 30, 31	925	0	100%	10077	9.18%
April	October	3, 7, 8, 11, 12, 13, 14, 17, 20, 21, 27	882	0	100%	9009	9.79%
May	November	9, 10, 29	245	0	100%	2325	10.54%
June	December	3, 5, 6, 9, 17, 18	490	0	100%	5103	9.60%
Total			3250	0	100%	32921	9.87%

Technician Designation Y

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
X							
January	July	2, 18, 26, 30, 31	475	0	100%	4091	11.61%
February	August	1, 2, 11, 15, 19	316	0	100%	3301	9.57%
March	September	1, 2	175	0	100%	1455	12.03%
April	October		0	0	NA	0	NA
May	November		0	0	NA	0	NA
June	December		0	0	NA	0	NA
Total			966	0	100%	8847	10.92%

Technician Designation Z

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
X							
January	July		0	0	NA	0	NA
February	August		0	0	NA	0	NA
March	September		0	0	NA	0	NA
April	October	2, 6, 10, 25, 26, 28	531	0	100%	4054	13.10%
May	November	5, 6, 8, 11, 18, 23, 24, 25, 26	782	0	100%	7181	10.89%
June	December	1, 2, 4, 7, 10, 19, 20, 21, 22, 23, 29, 30	1698	0	100%	8819	19.25%
Total			3011	0	100%	20054	15.01%

During this reporting period of January 2014 through June 2014 3 pharmacy technicians were trained and validated during this period. The doses checked, the number of errors and accuracy numbers for the required 5 day validation period for each trainee are as follows:

Technician Trainee Z

3/10/15 – 575 doses, 0 errors

3/11/15 – 575 doses, 0 errors

3/12/15 – 454 doses, 1 error

3/18/15 – 507 doses, 0 errors

3/19/15 – 703 doses, 0 errors

3/20/15 – 707doses, 0 errors

Total: 3521 doses, 1 error = 100.00%

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

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 checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> INSTITUTIONAL	CURRENT WI LICENSE NUMBER: <u>9055-12</u>
--	--	--

DBA: Name or title under which business is operated. (This must be the name on the pharmacy label.) <u>LTC Rx, Inc.</u>	TELEPHONE NO. (715) 861-4422
FAX NO. (715) 861-5141	

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 <u>Jennifer Peacock</u> <small>(please print)</small>	TELEPHONE NO. (715) 861-4422
EMAIL ADDRESS <u>jen@lterx-cf.com</u>	HOURS AVAILABLE <u>Monday - Friday 9am to 6pm</u>

Do you wish to appear before the board for questions?
 Yes No

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

WI Administrative Rule	Variance Requested
<u>Phar 7.01(3) - RPh to technician</u>	<u>Authorization for a higher ratio</u>

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

Fax Transmission



Memorial Medical Center
Hallowville, Loyal, Greenwood
Care...at its best

To:
Company:
Address:
Fax Number: 16082617083
From: PHARMACY
Fax Number:
Voice Phone:
Sent: 9/2/2015 09:31:05 Pages: 24

Patient Name:

MR #: DOB:

Purpose of Disclosure :

Items Sent:

The Information contained in this fax message is confidential information, intended for the use of the individual or entity listed above. The authorized recipient of this information is prohibited from disclosing this information to any other party.

If you are neither the intended recipient nor agent responsible for delivery of this information to the intended recipient, you are hereby notified that the disclosure, copying, distribution or taking of any action in reliance on the content of this telecopied information is strictly prohibited.

If you receive this copy in error, please call the sender immediately to arrange for return of these documents. Thank you

PAGE 1/24 REC'D 9/2/2015 9:30:45 AM [Central Daylight Time]

Fax Transmission



Memorial Medical Center
Nashville, Local. Greenwood
Care...of its best

To:
Company:
Address:
Fax Number: 17157438028
From:
Fax Number:
Voice Phone:
Sent: Pages:

Patient Name:

MR #: DOB:

Purpose of Disclosure :

Items Sent:

These pages go w/ prior application
Sent on 7-28-15.

please add them.

Thank you!

The information contained in this fax message is confidential information, intended for the use of the individual or entity listed above. The authorized recipient of this information is prohibited from disclosing this information to any other party.

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July 24, 2015

Thaddeus Schumacher, PharmD

Chair, Pharmacy Examining Board

Department of Safety and Professional Services

1400 E. Washington Avenue, Box 8935

Madison, WI 53708-8935

Dear *Dr. Schumacher*,

Memorial Medical Center Pharmacy is requesting a variance to section Phar 7.01(1)(c) and (d) of the State of Wisconsin pharmacy regulations to allow the implementation of a Tech-Check-Tech program for checking manually picked unit dose cart fill medications. This program would allow qualified and trained pharmacy technicians to provide the final check on cart fill medications that are manually picked by another pharmacy technician. The policy and procedure for this program is attached.

Our Tech-Check-Tech program would allow pharmacists to dedicate more time to clinical activities and improving patient care. At the same time, safeguards would be in place to ensure that the accuracy of cart fill medications is not compromised. Prior to becoming validated and providing the final check on any medications, the pharmacy technicians must demonstrate that they can check at least *500 doses* with at least 99.8% accuracy. In addition, a pharmacist will provide the final check on a minimum of 10% of all medications that a validated pharmacy technician checks. The validated pharmacy technicians will be required to maintain an accuracy rate of at least 99.8% while checking medications. Finally, another licensed health care professional will provide a final check on each medication prior to its administration to a patient.

We will provide the board with our variance report every six months. This report will include information on validated pharmacy technician accuracy rates during both the training period and throughout the program.

Thank you for your consideration of this variance request. I would like to request an appearance at the *September 23, 2015* Pharmacy Examining Board meeting to discuss this variance request. I look forward to meeting with you and discussing this program further.

Sincerely,

Mitchel Hipler, RPH

Director of Pharmacy

Memorial Medical Center

715-743-3101 ext. 7503

mhipler@memorialmedcenter.org

Enclosures

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	TYPE OF PHARMACY:	CURRENT WI LICENSE NUMBER:
<input checked="" type="checkbox"/> EXISTING PHARMACY	<input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> INSTITUTIONAL	5701-042

DBA: Name or title under which business is operated. (This must be the name on the pharmacy label.)	TELEPHONE NO.
Memorial Medical Center Pharm	(715) 743-3101, Ext 7503
	FAX NO.
	(715) 743-8028

PHARMACY ADDRESS: number, street, city, zip code
216 Sunset Place, Neillsville, WI 54456

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 Mitchel Hipler (please print)	TELEPHONE NO. (715) 743-3101 Ext 7503
EMAIL ADDRESS mikerx58@gmail.com	HOURS AVAILABLE 8AM till 4:30 PM
	Do you wish to appear before the board for questions? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WI Administrative Rule	Variance Requested
Phar 7.01(a)	7.01 (a) (2) and (d)

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

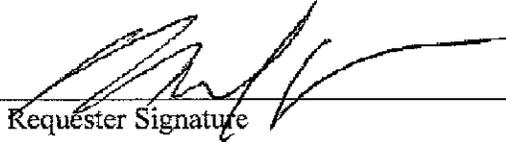
Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. (Attach a description to this form.)

- 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.

PAGE 4/24 REC'D 9/2/2015 9:30:45 AM [Central Daylight Time]

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

Director
Title

7/28/15
Date

Mitchel Hipler
Printed Name of person signing above

PAGE 5/24 REC'D 9/2/2015 9:30:45 AM [Central Daylight Time]

Technician Checking Program Policy and Procedure July 2015

The technician checking program will utilize specialty trained and qualified Validated Technician Checkers (VTCs) to check the automated dispensing cabinet (ADC) restock medications.

Eligibility

To be eligible to receive VTC status and participate in the technician checking program, a technician must meet the following conditions:

- A pharmacy technician working full time with at least five years of technician experience, trained at this institution on repackaging, dispensing and ADC restocks and be a Certified Pharmacy Technician (CPhT).
- The technician will successfully complete the didactic self learning packet including reading and assessment questions.
- The technician will successfully complete the practical criteria checklist, which is a guideline for the one-on-one simulated training.
- The technician will achieve 99.8% accuracy in checking at least 500 consecutive doses in at least 5 separate audits during the validation.

Training

- Didactic Training
 - Training will include reading and successfully completing the assessment questions in the technician checking program self-learning packet. The training is on the medication use process, dosage forms, packaging and repackaging, medication safety and the carousel checking sheets. Technicians are required to score 90% or greater on the assessment questions.
- Practical Training
 - Technicians will complete simulated practical training with a pharmacist. The simulated practical training will follow the Practical Teaching / Training Checklist. The training pharmacist will provide written and verbal feedback noting additional areas of training needed for the technician. The trainer and trainee will be required to date and initial each item on the checklist when the training is complete.

Validation

- For initial validation, the technician must attain a 99.8% accuracy rate in checking at least 500 consecutive doses, during at least 5 separate audits.
 - The audit process will consist of a registered pharmacist checking the accuracy of each ADC restock after the technician has checked them. Any errors resulting from improper checking will be documented on the check sheets and given to the senior technician who will enter the errors into the technician validation database. The pharmacist auditor will discuss the errors with the technician.
- During the validation process the pharmacist evaluating the technician will artificially introduce errors at a minimum rate of 0.2% (1 dose per 500). The pharmacist coordinating the audit will keep a record of the introduced errors to ensure they are

removed prior to distribution. Artificially introduced errors will include an occurrence of wrong drug, wrong dose, wrong dosage form, extra / insufficient quantity, omitted medications and an expired dose.

- All audit results will be maintained within the technician checking program database.
- If a technician misses more than 1 error per 500 doses, they fail the validation.
- If a technician cannot achieve the required 99.8% accuracy level in checking 2500 consecutive doses after two months of training, the technician will no longer be eligible to participate in the technician checking program.
- Upon successful completion of the validation (99.8% accuracy rate) the technician will be recognized as a Validated Technician Checker.

Quality Assurance (QA) Process

- A pharmacist working in the central pharmacy will perform daily QA audits on 10% of the ADC restocks checked by the VTC prior to delivery to the floors.
- All errors discovered by the pharmacist conducting the audit will be recorded on the check sheet and discussed with the VTC. The senior technician is responsible for tracking all QA audits in the QA database.

VTC Ongoing Standards

- If the accuracy of the VTC is less than 99.8% over the lesser of a 6 month period or for the first 2000 double checked doses within a 6 month period, the VTC is required to be re-trained and re-validated (1500 doses, 99.8% accuracy).
- If the accuracy of the VTC is less than 99.8% on more than 4 occasions in a year, the VTC will be relieved from their VTC checking status for a 6 month period. The VTC may be re-trained and re-validated after the 6 month period.
- If the re-validated VTC has less than 99.8% accuracy on any occasion during the three months following their six-month leave, they will be permanently removed from their VTC status.
- If a VTC does not check for more than two months, re-validation (99.8% accuracy, 2500 doses) should be done with the first check upon return. If the VTC does not check for 4 months, they must be re-trained and re-validated.

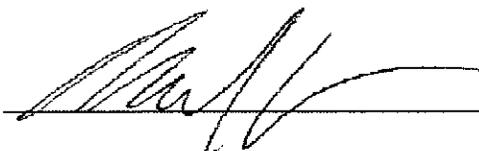
Appendix G: Tech-Check-Tech Practical Teaching/Training Checklist

VPT Candidate Name: Jessica Liebuen

1. The training pharmacist, TCT program coordinator or designated trainer will base the practical simulated one-on-one training on the provided criteria below
2. Initial and date each box when both the trainee and trainer are certain that each topic has been adequately covered
3. Upon successful completion of this checklist, the technician will be ready for their initial validation

TCT Training	Tech	RPh	Date	Comments
Technician able to describe local cart fill process	jl	(W)	7-28-15	
Technician can describe how the ADC restocks are processed and organized	jl	(W)	7-28-15	
Technician can describe the different dosage forms (ex: unit dose tabs, caps, oral solution, injection, packet, suppository, patches, oral syringes, etc.)	jl	(W)	7-28-15	
Technician can adequately identify everything on the medication check sheet (ex: patient name, room number, MRN, order number, medication, strength, quantity)	jl	(W)	7-28-15	
Technician can accurately read and interpret the medication label on all types of medications (ex: drug, strength, route, expiration date)	jl	(W)	7-28-15	
Technician can check all of the medications for the cart fill thoroughly and in a systematic manner without skipping any drawers	jl	(W)	7-28-15	
When the technician identifies an error, they can resolve the error. This is completed prior to distribution to patient care areas. (This will be evaluated during validation period.)	jl	(W)	7-29-15	
Technician provides feedback and suggestions for improvement to the dispensing technician on the errors identified	jl	(W)	7-29-15	
Checking is completed in a timely manner	jl	(W)	7-29-15	
Technician understands the importance of notifying the pharmacist in a timely manner that carts are checked and ready for auditing	jl	(W)	7-28-15	
Technician is capable of describing common errors when checking medications (dosage forms, quantity, expiration date, etc.)	jl	(W)	7-28-15	

Comments:

Supervisor Signature  Date 7/29/15

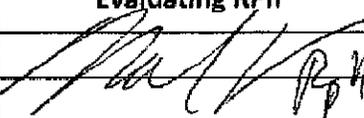
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Appendix H: Tech-Check-Tech Validation Competency Assessment Checklist

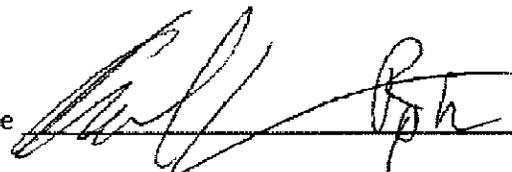
VPT Candidate Name Jessica Lieburn Date 8-5-15

Evaluating Pharmacist Mitchel Hipler Rph Date 8/5/15

This form should be completed during the technician's validation period. This evaluation will serve as a guide for the evaluating pharmacist to assess the practical training that the VPT candidate has received. The evaluating pharmacist should check either "yes" or "no" for each of the criteria below. The "yes" box should only be checked if the pharmacist auditor, TCT program coordinator, or designated trainer is certain that each point has been adequately met.

TCT Evaluation Criteria	Yes	No	Evaluating RPh	Date
Technician will be observed for 1 week	X		 ↓	8/5/15 ↓
All manually filled doses are checked thoroughly and in a systematic manner without skipping drawers	X			
The technician documents doses checked and completion of cart fill/ADC restock	X			
Checking is completed in a timely manner (record the number of minutes)	X			
Errors identified from the cart fill/ADC restock are resolved prior to distribution to the floors	X			
The technician provides feedback and suggestions for improvement to the technician filler on the errors identified	X			
Pharmacist is notified in a timely manner that carts are checked and ready for auditing	X			
Technician is capable of describing common errors when checking medications (dosage form, strength, quantity, expiration date, etc.)	X		↓	↓

Comments:

Supervisor Signature  Rph Date 8/5/15

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Tech-Check-Tech Program Overview for Technicians

Description

This packet provides the written training materials required for the Validated Pharmacy Technician (VPT) Program. These materials describe the Tech-Check-Tech (TCT) program and meet the requirements for education described in the TCT procedure.

Audience

This packet is intended for use by pharmacy technicians during the VPT Program training. The information included is available as a reference for other pharmacy staff, including the designated TCT program coordinator.

Objectives

Upon completion of the written and practical training for TCT, the pharmacy technician will be able to:

- Describe the role of TCT in the medication use system
- Identify the information required on the label of extemporaneous products packaged by the pharmacy
- Differentiate between the packaging, labeling and product characteristics for various oral, topical and injectable products
- Describe the purpose and use of a formulary system
- Discuss the potential impact of medication errors
- Perform basic pharmaceutical calculations
- List commonly used abbreviations

What is a Tech-Check-Tech program?

A TCT program trains pharmacy technicians to perform the final check on medications under specific conditions. The TCT program will validate technicians to check all manually filled medications for routine automated dispensing cabinets (ADCs). After successful completion of the written and practical components of the program, a pharmacy technician will receive a certificate indicating they are a VPT.

As a quality assurance measure, pharmacists will double check at least 10% of all of the doses that are checked by a VPT each day.

By participating in this program as a VPT, a pharmacy technician will be responsible for the accuracy of medications that are sent to the patient care units for ADC fill. By providing the final check on the ADC medications, a VPT will allow pharmacists to participate in other activities in the central pharmacy, which will directly improve the efficiency of both pharmacists and technicians in the pharmacy workflow.

The VPT designation will not authorize the technician to work outside of their legal scope of practice as designated by pharmacy law and local policy.

VPT Qualifications

To be eligible for the program, a technician must:

- Be a pharmacy technician working full time with at least 5 years of experience and be a certified pharmacy technician
- Participate in written and practical training by:
 - Completing the TCT Self-learning Packet (**Appendix J**)
 - Achieve a score of 90% or higher on the TCT Written Exam (**Appendix K**)
 - Completing, at minimum, 24 hours of one-on-one practical training with a designated TCT program coordinator or designee
- At the end of the practical training, pharmacy technicians will be given a final assessment by a designated training coordinator and will be required to satisfy all of the criteria on the TCT Validation Competency Assessment Checklist (**Appendix H**)

Appendix J: Tech-Check-Tech Training and Self-learning Packet

Purpose

This training module will provide you with an overview of the knowledge required to participate in the Tech-Check-Tech (TCT) program as a Validated Pharmacy Technician (VPT).

Use of Self-learning Packet

Upon successful completion of this packet, the VPT candidate will be prepared for practical training in the TCT process. The information in this packet is intended to be combined with one-on-one practical training by the designated program coordinator or designee before the start of the initial validation process. Assessment questions must be successfully answered with 90% accuracy before practical training is initiated.

Program Overview

The written training module is one portion of the training the VPT candidate will receive prior to becoming a VPT. An examination covering the information in this packet will be administered. A score of 90% or higher is required on this examination. The VPT candidate will also receive one-on-one practical training with a designated training coordinator in the cart fill and/or ADC process. Finally, the VPT candidate will be required to perform a validation including at least 500 line items for ADC restocking. The VPT candidate must achieve an overall accuracy rate of 99.8% or higher on the validation. Upon the successful completion of the training and validation, the VPT candidate will be recognized as a VPT and will be able to check medications filled by other technicians in the cart fill and/or ADC process.

Objectives

Upon completion of the didactic portion of training, the pharmacy technician will be able to:

- Describe the role of a VPT in the cart fill and ADC TCT process
- Describe the accuracy requirements of a VPT
- Identify the information required on the label of extemporaneous products packaged by the pharmacy
- Differentiate between the packaging, labeling, and product characteristics for various oral, topical, and injectable products
- Identify the brand names associated with common medications through the use of common references
- Identify look-a-like/sound-a-like medications and medications that are labeled with "tall man lettering"
- Identify expired products
- Perform basic pharmaceutical calculations
- List commonly used abbreviations
- Describe the phases of the medication use process
- Discuss medication errors that are commonly encountered when filling medications

1. Product Labels

The following information is contained on each product label:

- Medication name
- Medication strength
- Dosage form
- Expiration date (which may be on the product label or the product itself)

It is important to verify the medication name, strength and dosage form on the product label match those listed on the Pyxis delivery list. Also, assure the number of units needed for each dose is correct and that the total number of units is correct for the total quantity needed. Check the expiration date for each product to be sure that each product is not expired.

2. Packaging Requirements

- Oral and injectable products are packaged and labeled in several different ways. Some medications are pre-packaged into barcoded and labeled unit dose packages. Other medications are packaged individually by hand and labeled. Still other products are bulk products that are packaged by the manufacturer.
- Regardless of the type of medication that is utilized, all doses must have the following information on the label:
 - Generic medication name
 - Medication strength
 - Manufacturer
 - National drug code (NDC)
 - Expiration date
 - Lot number
- You must check the expiration date of every medication to ensure that it may still be administered to the patient. Medications may not be placed in cart fill or ADC if their expiration date has passed.

3. Generic vs. Brand Names

- Generic medication names are always included on the label of medications in the hospital
- Depending on the medication that is selected, it may be necessary to know the brand names of some medications
- References are available in the pharmacy to look up medication brand names when needed
- Commonly used references include:
 - Institute for Safe Medicine Practices
 - 2014 GBR

4. Pharmaceutical Calculations and Conversions

4.1. Conversions

- 1 gram (g) = 1000 milligrams (mg)
- 1 milligram (mg) = 1000 micrograms (mcg)
- 1 liter (L) = 1000 milliliters (mL)
- 1 ounce (oz) = approx 30 milliliters (mL)
- 1 ounce (oz) = 28.5 grams (g)
- 1 pound (lb) = 454 grams (g)
- 1 grain (gr) = 60 milligrams (mg)
- 1 teaspoon (tsp) = 5 milliliters (mL)
- 1 tablespoon (tbsp) = 15 milliliters (mL)
- 1 gallon = 3.785 liters (L)

4.2. Fractions

Fractions are a way of describing a portion of a whole. The numerator (top number) describes how many parts of the medication are present as the active ingredient.

1/100 is "one part out of one hundred"

4.3. Percentages (Strengths)

Percentages are a way of describing a portion out of a hundred. The percentage indicates the percent of active ingredient that is present in the drug.

1% for solids is 1 gram medication per 100 grams of product

1% for liquids is 1 gram medication per 100 mL of product

Percentages are calculated as follows:

$[(\text{grams of medication}) / (\text{grams of product})] * 100\%$ -or-
 $[(\text{mL of medication}) / (\text{mL of product})] * 100\%$

4.4. Ratios (proportions)

Ratios, or proportions, are a way of relating one part to another. Ratios can also be given as fractions or percentages. The number preceding the colon is the number of parts of active ingredient present in the drug product.

1:1000 is "one part per one thousand total parts"

1:1000 is the same as 1 gram medication per 1000 grams product (or 1000 mL product)

1:1000 can also be described as the fraction 1/1000 or the percentage 0.1%

5. Pharmaceutical Abbreviations

5.1. Common electrolyte abbreviations

Na = Sodium
NS = Normal saline (0.9% sodium chloride)
K = Potassium
Mg = Magnesium
Ca = Calcium
Cl = Chloride
SO₄ = Sulfate
PO₄ = phosphate
HCO₃ = bicarbonate
D5W = 5% dextrose in water

5.2. Common drug strength abbreviations

g = grams
mg = milligrams
mcg = micrograms
mEq = milliequivalents
gr = grains
kg = kilograms

5.3. Common drug volume abbreviations

L = liter (1000 mL)
mL = milliliter (should not be written as cc as this is an "error prone" abbrev)
gtt = drop oz = ounce

5.4. Common route abbreviations

PO = oral
IM = intramuscular
SQ = SC = SubQ = subcutaneous (under the skin)
PR = rectal
IV = intravenous
GT = via gastrostomy tube
NG = via nasogastric tube
NJ = via nasojejunal tube
JT = via jejunostomy tube

5.5. Common frequency abbreviations

q = every or each
qhs = every night
bid = twice a day
tid = three times a day
h = hr = hour
q2h = every 2 hours
prn = as needed

ac = before meals
pc = after meals

6. Medication Errors

Medication errors are episodes of drug misadventure that should be preventable through effective system controls involving pharmacists, pharmacy technicians, physicians, other prescribers, nurses and others. It is the responsibility of all hospital staff to prevent medication errors through accurate job performance. There are several common errors that can occur when checking medications.

6.1. Incorrect patient/Incorrect room

Errors frequently occur when a medication is filled for an incorrect patient, resulting in an unneeded medication for one patient and a missing medication for another. Errors also occur when two medications for different patients are accidentally switched, resulting in each patient receiving an incorrect medication. Always double check the patient name and room number prior to placing a medication in the medication storage area.

6.2. Look-alike/Sound-alike medications

Many medication names look or sound similar. Errors commonly occur when a medication is pulled that has a name that looks or sounds similar to the prescribed medication. To decrease the chance for look-alike/sound-alike errors, the parts of the medication names that are different are capitalized. Examples are listed below:

- a**M**iloride/ amlodipine
- Cele**B**REX/ Cele**X**A
- **N**IFEdipine/ ni**C**ARDipine
- met**F**ORMIN/ metron**I**DAZOLE
- Pri**L**OSEC/ PROzac
- e**P**HEDrine/ EPINE**P**Hrine
- lami**V**UDine/ lamo**T**RIGine
- qui**N**INE/ qui**N**IDine
- ti**Z**ANidine/ tia**G**ABine
- Pri**L**OSEC/ PROzac
- val**G**ANciclovir/ val**A**CYclovir
- Zyr**T**EC/ Zy**P**REXA

Always double check the name of each medication and pay close attention to those medications that have names that look similar to other medications. The complete list of look-alike/sound-alike medications can be found at the Institute of Safe Medication Practices website: <http://www.ismp.org/tools/confuseddrugnames.pdf>

6.3. Route of administration/Dosage form

Many medications are available in several different dosage forms. It is important to understand the differences and be able to recognize what form is needed for each

medication. Always pay close attention to the dosage form and make note of whether it is a tablet, capsule, liquid, solution, injection, etc. Another clue to the type of dosage form is to look at the route of each medication. For instance, you would not expect a tablet to be given intramuscularly (IM). Many medications also have different types of tablets or capsules. For instance, venlafaxine is available as standard immediate release capsules (Effexor®) or as extended release capsules (Effexor XR®). Pay close attention to whether a product is immediate release or extended release when checking medications.

6.4. Dilution errors

Many medications are available in more than one concentration. This may result in an overdose or underdose of medication. Always double check the concentration of each liquid or injectable and cross-reference it with the desired dose to ensure that the correct product has been selected.

6.5. Medication strength errors

Just like with liquid concentrations, most oral medications that come in tablets or capsules are available in several different strengths. Always double check to be sure that the tablet/capsule strength that is selected is correct.

6.6. Dose errors/number of medication units

Sometimes more than one medication unit will be needed to equal one dose. This occurs when a strength is prescribed that is not available as a single unit. Always check the number of units that are needed for each dose that you check. In addition, pay particular attention to doses that require half or quarter tablets.

6.7. Combination product errors

Several products are available as a combination of two or more medications. It is important to be sure that all medications are included in the product that is selected and that the respective strengths or concentrations of each medication are correct.

7. Drug distribution processes

The following are the core activities that surround the distribution of medications:

Unit dose systems - A medication distribution system that uses individually packaged and labeled medication doses dispensed for specific patients in a twenty-four hour supply. This system is used for dispensing scheduled medications in unit dose cassettes that are exchanged daily.

Pyxis fill process – A Pyxis delivery report will print out every morning. The correct medication/dosage will need to be pulled from the shelf and placed in the correct bin corresponding to location.

Appendix K: Tech-Check-Tech Written Exam

Name: Jessica Liebuan Date: 7-28-15

Answer the following questions:

1. ~~True~~/False: Pharmacists will double check at least 10% of the doses that you check each day.

2. Which of the following medications will you check as a validated pharmacy technician? (circle all that apply)

- a. First dose medications to be tubed to the floor
- b. Manually picked cart fill medications
- c. Robot filled cart fill medications
- d. Intravenous infusion medications that are prepared in the IV room

3. With what minimum accuracy rate must you be able to check medications as a validated pharmacy technician (VPT)?

- a. 95.5%
- b. 98.0%
- c. 99.0%
- d. 99.8%

4. True/~~False~~. As a VPT, you may check medications that you yourself pull from stock.

5. What is the minimum number of doses that you will need to check during the validation period?

- a. 1500
- b. 2000
- c. 500
- d. 3000

6. Which of the following statements is false?

- a. Medication errors may lead to extreme patient harm and possibly death.
- b. Medication errors are no longer an issue because of advancements in technology.
- c. Medications errors are preventable.
- d. Medications errors can be made by any staff member.

7. ~~True~~/False: During the validation period, errors will be purposely introduced into the medications that you are checking.

Complete the following dose conversions:

- 8. 750 mg .75 g
- 9. 0.6 L 600 mL
- 10. 2 teaspoons 10 mL
- 11. 300 mcg 0.3 mg

12. 3.2 g 3200 mg
 13. 520 mL 0.52 L
 14. 3.8 L 3800 mL

Match the following abbreviations with the correct term:

- | | | |
|---------|----------|----------------------|
| 15. PO | <u>E</u> | A. three times daily |
| 16. TID | <u>A</u> | B. twice daily |
| 17. AC | <u>G</u> | C. milliequivalents |
| 18. mg | <u>F</u> | D. milliliters |
| 19. mEq | <u>C</u> | E. by mouth |
| 20. BID | <u>B</u> | F. milligrams |
| 21. mL | <u>D</u> | G. before meals |

Calculations:

22. Acetaminophen elixir 160 mg/5 mL
 Dose: 320 mg PO q12h
 How many mL are needed in a 24 hour period? 20 ml

23. Lidocaine 1% injection
 How many grams of lidocaine are in 200 mL? 2 grams

24. Warfarin 1 mg tablet
 Dose: warfarin 0.5 mg PO qhs
 How many tablets are needed in a 24 hour period? 1/2 tablet

25. Albuterol nebulizer solution vial 2.5 mg/3 mL
 Dose: albuterol 2.5 mg po BID
 How many vials are needed in a 24 hour period? 2 vials

26. Clindamycin 150 mg capsule
 Dose: clindmycin 300 mg po BID
 How many capsules are needed in a 24 hour period? 4 capsules

27. Methylprednisolone 125 mg/2 mL vial
 What is the concentration of methylprednisolone in mg/mL? 62.5 mg

28. Furosemide 10mg/mL
 Dose: 80 mg
 How many milliliters are needed for this dose? 8 ml

Answer the following question:

29. List two common errors that are encountered while checking cart fill medication.

Strength
sound alike / Look alike meds

Tech-Check-Tech Skill Validation

Validation for Automated Dispensing Cabinets (ADCs):

1. Process

Once self-learning and practical training are completed, the technician must demonstrate the ability to attain a 99.8% accuracy checking rate to be considered a VPT able to perform the duties of TCT. At least 500 consecutive line items (divided over at least 5 separate audits) must be checked with 99.8% accuracy. Validation audits will be conducted by a supervising Wisconsin licensed pharmacist who will check each dose initially checked by the VPT candidate to assure accuracy. Any errors found to be due to improper checking will be recorded by the auditing pharmacist on the Initial Validation Error Log Form (**Appendix M**) and discussed with the VPT candidate. All of the audit results will be maintained by the designated TCT program coordinator (in hard copy form or scanned electronic images) in a quality assurance file and electronically in the supplied Excel® file (**Appendix T**). Errors include but are not limited to: incorrect drug, incorrect strength, incorrect dosage form, extra or insufficient quantity, and omitted medications.

If a technician fails in the first attempt to achieve 99.8% checking accuracy, they must retake the self-learning course along with completing an additional 24 hours of one-on-one practical training. Once completed, they may re-attempt the validation process. If a technician fails to achieve 99.8% checking accuracy for a second time, they are no longer eligible to become a VPT.

2. Introduction of Artificial Errors

Artificial errors are intentionally-included errors designed to test the technician's ability to correctly identify and correct such dispensing errors. Included in the validation audits, the supervising pharmacist will introduce a minimum of 1 error (0.2% error rate) for 500 checked line items. The pharmacist will keep a record of the introduced errors on the Artificial Error Log Form (**Appendix Q**) to ensure such errors are identified and removed before dispensing. Examples of artificial errors to introduce for ADCs are shown in **Appendix R**.

Appendix M: Initial Validation Error Log Form

VPT Candidate Name: Jessica Lieburn

Validation Type: ADC

- An auditing staff pharmacist should complete this form after the VPT candidate has completed the didactic and simulated practical training successfully.
- Once the VPT candidate finishes, the auditing pharmacist will double-check each dose/line item for accuracy.
- Any errors found to be due to improper checking by the VPT candidate will be documented below and discussed with the VPT candidate and filling technician. Each error discovered should be documented on a separate line even if it is a recurrent error.
- Once the audit is complete, the pharmacist will file this form in the corresponding folder for the program coordinator to transcribe into the electronic database and be properly filed.
- To complete the validation, a technician must check at least 500 line items (ADC) during at least 5 separate audits while maintaining 99.8% accuracy.

Date	Auditing RPh	# Doses Checked	Type of Error Identified*	# Doses Filled Wrong	Artificial Errors Resolved	% Accuracy <small>(total # of errors/ total # checked doses)</small>
8-5-15	(W)	19	None	None	None	100%
8-5-15	(W)	11	None	None	None	100%
8-6-15	(W)	12	None	None	None	100%
8-6-15	(W)	15	Wrong strength (B)	None	None	93%
8-7-15	(W)	8	None	None	None	100%
8-10-15	(P)	35	None	None	None	100%
8-10-15	(P)	11	None	None	None	100%
8-11-15	(W)	20	None	None	None	100%
8-11-15	(W)	13	None	None	None	100%
TOTALS		144	B = 1	None	None	100%

***Type of Error Code**

A = Incorrect drug

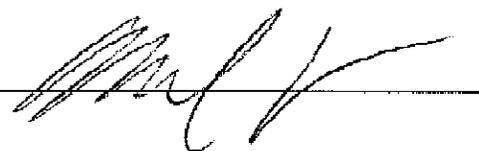
B = Incorrect strength

C = Incorrect dosage form

D = Extra/Insufficient Quantity

E = Omitted medication

F = Other

Supervisor Signature: 

Date: 8/12/15

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Appendix M: Initial Validation Error Log Form

VPT Candidate Name: Jessica Lieburn

Validation Type: ADC

- An auditing staff pharmacist should complete this form after the VPT candidate has completed the didactic and simulated practical training successfully.
- Once the VPT candidate finishes, the auditing pharmacist will double-check each dose/line item for accuracy.
- Any errors found to be due to improper checking by the VPT candidate will be documented below and discussed with the VPT candidate and filling technician. Each error discovered should be documented on a separate line even if it is a recurrent error.
- Once the audit is complete, the pharmacist will file this form in the corresponding folder for the program coordinator to transcribe into the electronic database and be properly filed.
- To complete the validation, a technician must check at least 500 line items (ADC) during at least 5 separate audits while maintaining 99.8% accuracy.

Date	Auditing RPh	# Doses Checked	Type of Error Identified*	# Doses Filled Wrong	Artificial Errors Resolved	% Accuracy <small>(total # of errors/ total # checked doses)</small>
8-12	(W)	17	None	None	None	100%
8-12	(W)	23	None	None	None	100%
8-13	(W)	15	None	None	None	100%
8-13	(W)	12	None	None	None	100%
8-17	(W)	52	None	None	None	100%
8-17	(W)	18	None	None	None	100%
8-18	(W)	28	None	None	None	100%
8-18	(W)	14	None	None	None	100%
8-19	(W)	18	None	None	None	100%
8-19	(W)	13	None	None	None	100%
TOTALS		210	—	—	—	100%

***Type of Error Code**

- A = Incorrect drug B = Incorrect strength C = Incorrect dosage form
 D = Extra/Insufficient Quantity E = Omitted medication F = Other

Supervisor Signature: 

Date: 8/19/15

PAGE 22/24 REC'D 9/2/2015 9:30:45 AM [Central Daylight Time]

Appendix M: Initial Validation Error Log Form

VPT Candidate Name: Jessica Lieburn

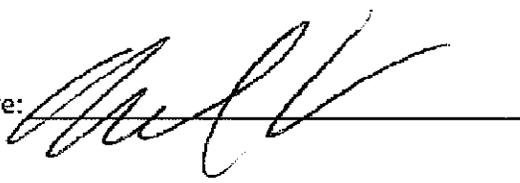
Validation Type: ADC

- An auditing staff pharmacist should complete this form after the VPT candidate has completed the didactic and simulated practical training successfully.
- Once the VPT candidate finishes, the auditing pharmacist will double-check each dose/line item for accuracy.
- Any errors found to be due to improper checking by the VPT candidate will be documented below and discussed with the VPT candidate and filling technician. Each error discovered should be documented on a separate line even if it is a recurrent error.
- Once the audit is complete, the pharmacist will file this form in the corresponding folder for the program coordinator to transcribe into the electronic database and be properly filed.
- To complete the validation, a technician must check at least 500 line items (ADC) during at least 5 separate audits while maintaining 99.8% accuracy.

Date	Auditing RPh	# Doses Checked	Type of Error Identified*	# Doses Filled Wrong	Artificial Errors Resolved	% Accuracy (total # of errors/ total # checked doses)
8-20	(D)	23	None	None	None	100%
8-20	(W)	9	None	None	None	100%
8-24	(W)	36	None	None	None	100%
8-24	(D)	15	None	None	None	100%
8-25	(W)	29	None	None	None	100%
8-25	(D)	13	None	None	None	100%
8-26	(D)	15	None	None	None	100%
8-26	(W)	15	None	None	None	100%
8-27	(m)	31	None	None	A	100%
TOTALS						

*Type of Error Code

- A = Incorrect drug B = Incorrect strength C = Incorrect dosage form
 D = Extra/Insufficient Quantity E = Omitted medication F = Other

Supervisor Signature: 

Date: 8/27/15

#560 total = 1 missed
 1 Artificial

PAGE 23/24 REC'D 9/2/2015 9:30:45 AM [Central Daylight Time]

Tech-Check-Tech Quality Assurance

Process Overview

Once a technician is validated, quality assurance (QA) protocols and documentation must be established to ensure the integrity of the program. The Validated Pharmacy Technician (VPT) must have a Quality Assurance Error Log (**Appendix O**) filled out by an auditing pharmacist for each Automated Dispensing Cabinet (ADC) batch for which they perform TCT duties. The auditing pharmacist must check a minimum of 10% of the doses checked by the VPT. Any errors that are discovered must be documented on the log and discussed with the VPT.

At the end of each month, the QA logs must be turned into the designated TCT program coordinator for entry into the electronic file (**Appendix U**). The hard copies or scanned images should be maintained on file.

On or before January 31 and July 31 of each year, the Tech-Check-Tech Variance Report (**Appendix P**), must be submitted to the Wisconsin Pharmacy Examining Board (PEB). This provides the PEB with information on the accuracy rates and total doses checked for each VPT and the program as a whole by individual months and as an aggregate for the specified six month period. If a site is conducting TCT for both cart fill and ADC's, a separate form should be submitted for each.

Failure to Maintain Necessary Accuracy

VPT accuracy rate falls below 99.8%

- If the accuracy of the VPT is less than 99.8% over the lesser of a six month period or for the first 2000 validation doses within a six month period, the VPT is required to be re-trained (written training, practical experience) and re-validated (validation of 2500 checked doses with 99.8% accuracy).
- If the accuracy of the VPT is less than 99.8% on more than four occasions in a year, the VPT will be relieved from their VPT checking status for six months. The VPT may be re-trained (written training, practical experience) and re-validated (validation of 2500 checked doses with 99.8% accuracy) after the six month period.
- If the re-validated VPT has less than 99.8% accuracy on any occasion during the three months following their six-month leave, they are no longer eligible for VPT status.

Inactivity of VPT

- If a VPT does not perform TCT for more than two months, re-validation (validation of 2500 checked doses with 99.8% accuracy) should be done with the first check upon return to TCT duties.
- If the VPT does not check for four months, they must be re-trained (written training, practical experience) and re-validated (validation of 2500 checked doses with 99.8% accuracy).

**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: 11 September 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: 23 September 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. Consulting Regarding Act 34 Relating to Optometrists Prescribing Hydrocodone Combination Projects 2. Pending Projects a. Phar 2, 4 Relating to Application and Examination b. Phar 5 Relating to Renewal and Reinstatement c. Phar 6 Relating to Temperature and Humidity Controls d. Phar 7 Relating to Practice of Pharmacy e. Phar 14 Relating to Medical Oxygen f. Phar 15 Relating to Compounding 3. Update on Controlled Substances Board Rule Projects a. CSB 4 Relating to Submission of Data to the Prescription Drug Monitoring Program 4. Update on Legislation and Pending or 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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center; width: 45%;"> <i>Sharon Henes</i> </div> <div style="text-align: center; width: 45%;"> <i>11 September 2015</i> </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (if required) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date </div>			
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



2015 Senate Bill 74

Date of enactment: **July 1, 2015**
Date of publication*: **July 2, 2015**

2015 WISCONSIN ACT 34

AN ACT *to amend* 961.39 (3) (b); and *to create* 961.39 (2m) of the statutes; **relating to:** prescriptions for controlled substances issued by optometrists and providing an exemption from emergency rule procedures.

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

SECTION 1. 961.39 (2m) of the statutes is created to read:

961.39 (2m) Notwithstanding sub. (1), may prescribe, dispense, or administer any of the following, if permitted for prescription or administration under the rules promulgated under s. 449.18 (6) (cm):

(a) Not more than 300 milligrams of hydrocodone per 100 milliliters or per 100 grams or not more than 15 milligrams per dosage unit, with a four-fold or greater quantity of an isoquinoline alkaloid of opium.

(b) Not more than 300 milligrams of hydrocodone per 100 milliliters or per 100 grams or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.

SECTION 2. 961.39 (3) (b) of the statutes is amended to read:

961.39 (3) (b) The indicated use of the controlled substance included in schedule III, IV, or V so prescribed

or the indicated use of the controlled substance under sub. (2m) (a) or (b) so prescribed.

SECTION 3. Nonstatutory provisions.

(1) Using the procedure under section 227.24 of the statutes, the department of safety and professional services may promulgate rules under section 449.18 (6) (cm) of the statutes to account for section 961.39 (2m) of the statutes, as created by this act, for the period before the effective date of any corresponding permanent rules, but not to exceed the period authorized under section 227.24 (1) (c) of the statutes, subject to extension under section 227.24 (2) of the statutes. Notwithstanding section 227.24 (1) (a), (2) (b), and (3) of the statutes, the department is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection.

* 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."

TEXT OF RULE

SECTION 1. Phar 1.02(6m) is created to read:

Phar 1.02(6m) “NABP” means the National Association of Boards of Pharmacy.

SECTION 2. Phar 2.01 is repealed.

SECTION 3. Phar 2.02 (1) (intro) and (a) are amended to read:

Phar 2.02 Application procedure for original licensure. (1) Each applicant for original licensure as a pharmacist shall submit ~~a completed notarized application prior to the examination date on forms provided by the board. The application shall include~~ all of the following:

(a) ~~The~~ Completed application form with the signature of the applicant.

SECTION 4. Phar 2.02 (f) and (g) are created to read:

Phar 2.02 (f) Evidence of having passed the NAPLEX.

(g) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin as primary state.

SECTION 5. Phar 2.03 and 2.04 is repealed.

SECTION 6. Phar 2.05 repealed and recreated:

Phar 2.05 Application procedure for persons licensed in another state. Each applicant licensed as a pharmacist in another state shall submit all of the following:

- (1) Completed application and fee as determined by the department under s. 440.05, Stats.
- (2) NABP Clearinghouse license transfer application.
- (3) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin as primary state.

SECTION 7. Phar 2.06 is repealed.

SECTION 8. Phar 4.01 is repealed.

SECTION 9. Phar 4.03 is amended to read:

Phar 4.03 Passing scores. (1) The passing scores set by the board represent the minimum competency required to protect public health and safety. The board may adopt the recommended passing score of the examination provider.

SECTION 10. Phar 4.03(3) is repealed.

SECTION 11. Phar 4.04, 4.045, 4.046 and 4.05 are repealed.

SECTION 12. 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)

TEXT OF RULE

SECTION 1. Phar 5.01 (1) is amended to read:

Phar 5.01 Requirements. (1) Pharmacists, pharmacies, manufacturers, ~~and~~ distributors and home medical oxygen providers licensed under ch. 450, Stats., and otherwise qualified for renewal, may continue to be licensed biennially by applying for renewal and paying the fee ~~specified in s. 440.08(2), Stats.~~ as determined by the department under s. 440.03(9)(a), Stats.

SECTION 2. Phar 5.01 (3) is amended to read:

Phar 5.01(3) No pharmacy, manufacturer, ~~or~~ distributor or home medical oxygen provider may operate without a current license.

SECTION 3. Phar 5.04 is amended to read:

Phar 5.04 Renewal prohibited; relicensure. Any person whose license is currently suspended or revoked may not renew his or her license. ~~A person whose license has been suspended or revoked and subsequently reinstated by the board, and who is otherwise qualified for renewal, may renew his or her license upon completion of a renewal form and filing of the required renewal fee.~~

SECTION 4. Phar 5.05 is repealed and recreated to read:

Phar 5.05 Renewal. (1) GENERAL. A person with an expired credential may not reapply for a credential using the initial application process.

(2) RENEWAL WITHIN 5 YEARS. A person renewing the license within 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and any applicable late renewal fee.

(b) Certify the completion of 30 hours of continuing education during the last biennium.

(3) RENEWAL AFTER EXPIRATION DATE. Notwithstanding par. (2), if a pharmacist fails to obtain renewal on or before the applicable renewal date, the board may suspend the pharmacist's license and may require the pharmacist to pass an examination to the satisfaction of the board to restore that license.

(4) RENEWAL AFTER 5 YEARS. This subsection does not apply to license holders who have unmet disciplinary requirements or whose license has been surrendered or revoke. A person renewing the credential after 5 years shall do all of the following:

(a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and the renewal late fee.

(b) Evidence of having passed the multi-state pharmacy jurisprudence examination with Wisconsin as primary state.

OPTIONS:

Discussed at last committee meeting	<p>(c) If the person renewing the credential does not have 2000 hours of practice as a pharmacist within last 24 months of submitting the application for renewal, the person shall meet one of the following requirements:</p> <ol style="list-style-type: none"> 1. If the license has been expired for at least 5 years but not more than 10 years, the person shall submit evidence of all of the following: <ol style="list-style-type: none"> a. Completion of 160 hours of internship for each year the pharmacist license was expired, not to exceed 1000 hours. b. Completion of 15 hours of continuing education for each year the pharmacist license was expired or within the last two years passage of the NAPLEX. 2. If the license has been expired for more than 10 years, the person shall submit evidence of all of the following: <ol style="list-style-type: none"> a. Completion of 160 hours of internship for each year the pharmacist license was expired, not to exceed 1000 hours. b. Passage of the NAPLEX.
Illinois	<p>License expired for more than 5 years (and not practicing in another state) shall submit proof of completion of:</p> <ol style="list-style-type: none"> 1. 30 hours of continuing education 2. 600 hours of clinical practice under the supervision of a licensed pharmacist completed within 2 years prior to renewal or successful completion of the Pharmacist Assessment for Remediation Evaluation (PARE). To be successful, must receive an overall score of 80 or higher, as well as a minimum score of 75 in each of the 3 content areas on the PARE.
Iowa	<p>License has been inactive for more than 5 years (and not practicing in another state) shall do one or more of the following:</p> <ol style="list-style-type: none"> 1. Successfully pass all components of the licensure examination required for initial licensure. 2. Complete 160 internship for each year the pharmacist was on inactive status (not to exceed 1,000 hours). 3. Obtain one and one-half times the number of continuing education credits required for each renewal period the pharmacist was inactive. 4. Complete a Continuing Professional Development portfolio identifying minimum of 45 learning outcomes for each renewal period the pharmacist was inactive.
Michigan	<p>License expired for at least 3 years but not more than 8 years shall do all of the following:</p> <ol style="list-style-type: none"> 1. Completion of 30 hours of continuing education within the 2 years preceding the application for renewal. 2. Pass the jurisprudence examination. 3. Complete within 6 months of renewal, not less than 200 clock hours under the personal charge of a currently licensed pharmacist. Practical pharmacy experience shall include: pharmacy administration and management; drug distribution, use and control; legal requirements; providing health information services and advising patients; pharmacist's ethical and professional responsibilities; and drug and product information.

	<p>License lapsed for at least 8 years shall comply with all of the following:</p> <ol style="list-style-type: none"> 1. Completion of 30 hours of continuing education within the 2 years preceding the application for renewal. 2. Pass the jurisprudence examination. 3. Complete within 6 months of renewal, not less than 400 clock hours under the personal charge of a currently licensed pharmacist. Practical pharmacy experience shall include: pharmacy administration and management; drug distribution, use and control; legal requirements; providing health information services and advising patients; pharmacist's ethical and professional responsibilities; and drug and product information. 4. Pass the NAPLEX <p>May be granted a temporary, nonrenewable license to complete the practical experience.</p>
Minnesota	<p>Lapsed license more than 2 years (and not practicing in another state) meet one of the following set of requirements:</p> <ol style="list-style-type: none"> 1. Evidence of all of the following: <ol style="list-style-type: none"> a. Payment of back renewal fees and penalty fees up to a maximum of \$1000. b. Completion of at least 60 hours of continuing education within the last two years. c. Successful passing of the Minnesota version of the MPJE. d. Successful passing of the NAPLEX e. Completion of 400 hours of work as a pharmacist intern. f. Statement that they have not been charged with or convicted of a felony or misdemeanor involving controlled substance abuse, habitual indulgence of intoxicating liquor or of moral turpitude or have been found by any licensing agency to have engaged in unprofessional conduct. 2. Evidence of all of the following: <ol style="list-style-type: none"> a. Successful passing of the Minnesota version of the MPJE. b. Successful passing of the NAPLEX c. Completion of 1,600 hours as a pharmacist-intern. d. Statement that they have not been charged with or convicted of a felony or misdemeanor involving controlled substance abuse, habitual indulgence of intoxicating liquor or of moral turpitude or have been found by any licensing agency to have engaged in unprofessional conduct.

SECTION 5. Phar 5.06 is created to read:

Phar 5.06 Reinstatement. A licensee who has unmet disciplinary requirements and failed to renew the license within 5 years or whose license has been surrendered or revoked may apply to have the license reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in Phar 5.05(4) if the license has not been active within 5 years
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.

SECTION 6. 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
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:	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Items - Discussion and Consideration 1) National Association Boards of Pharmacy - VPP update 2) DEA letter	
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 type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: See NABP attachment. See DOJ/DEA letter attachment			



nabp
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

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
FROM: Carmen Catizone, Executive Director/Secretary
DATE: July 30, 2015
RE: Verified Pharmacy Program Update

In 2013, NABP built and launched the Verified Pharmacy Program (VPP) launched in response to requests from NABP member boards to build an inspection sharing network and to provide inspection services to supplement state inspection of sterile and nonsterile compounding pharmacies. Approximately 48 state boards of pharmacy are believed to be utilizing the Verified Pharmacy Program in some manner. To date, NABP has inspected 267 pharmacies as part of the Verified Pharmacy Program.

Built to the express specifications of its member boards, VPP is not just an inspection service, but has been built to serve a comprehensive information sharing network for Boards of Pharmacy that includes critical demographic and ownership data, license verification and disciplinary information. VPP is the only service available that is based on the multistate inspection blueprint—which is the only set of inspection standards established and governed by the Boards of Pharmacy.

VPP provides this comprehensive information package to Boards of Pharmacy automatically via Board e-Profile Connect. On July 15, NABP launched the new Verified Pharmacy Program interface on Board e-profile Connect. Webinars for the states were held on July 10 and 13 to demonstrate the new functionality of the system. If you, or your staff were unable to participate in the initial series of webinars and would like a personal walkthrough of the system, please contact governmentaffairs@nabp.net

Goals of VPP

NABP believes that a robust state inspection program is the best assurance of a quality pharmacy operation. Unlike other 3rd party inspection services, NABP is working with its member boards to facilitate sharing of inspection information between boards and only conduct inspections when there is a need to supplement the capacity of a state's inspection program. Through the adoption and implementation of the multistate inspection blueprint developed by the boards, NABP is working to increase uniformity of minimum inspection criteria by all states which will lead to acceptance of a state's inspection processes by all other states. Additionally, NABP intends to

July 30, 2015

Page 2

provide technical infrastructure to support blueprint implementation by states in the form of hardware, software, inspection forms, and training. Moving forward, NABP is hopeful that the states' inspection programs will be the backbone of VPP, with inspections conducted by NABP serving only as a backup to state efforts when needed.

Increase in VPP Inspections

In the coming months, NABP anticipates an increase in the volume of inspections that will be included in the Board e-profile connect. This is due to increased utilization by the boards of pharmacy, but also due to utilization of the Verified Pharmacy Program by third party payers and accrediting partners. These third parties, such as United Compounding Management, recognize the standardization and uniformity that the boards of pharmacy and NABP are building through VPP and accordingly are taking steps to incorporate VPP into their accreditation process. The benefit for the boards of pharmacy is an increased volume of information that will be accessible through VPP.

State Utilization of NABP

To date, we believe that approximately 48 states are utilizing the Verified Pharmacy Program in some manner. The attached map reflects NABP's understanding of how states are currently utilizing the Verified Pharmacy Program by either reviewing inspection reports in Board e-profile connect, recognizing VPP inspections as meeting nonresident inspection requirements, or requiring a VPP inspection. If the map does not accurately reflect your state's utilization of the Verified Pharmacy Program, or if your board or staff need more information on VPP in order to best leverage the program, please contact Josh Bolin at jbolin@nabp.net.

cc: NABP Executive Committee



U. S. Department of Justice
Drug Enforcement Administration

8701 Morrissette Drive
Springfield, Virginia 22152

www.dea.gov

SEP 02 2015

Thaddeus J. Schumacher, Chairperson
Wisconsin Department of Safety and
Professional Services
Pharmacy Examining Board
1400 East Washington Avenue, Room 112
Madison, Wisconsin 53703

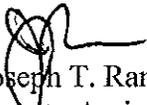
Dear Mr. Schumacher:

The Drug Enforcement Administration (DEA) Office of Diversion Control would like to thank you for allowing Vice Chairperson Rocky (Franklin) LaDien to speak at the DEA's Pharmacy Diversion Awareness Conference on July 25-26, 2015 in Milwaukee, Wisconsin.

This conference was designed to focus on the growing problem of diversion of pharmaceutical controlled substances throughout the United States. Mr. LaDien's presentation on *Wisconsin Board of Pharmacy Update* was very well received. He provided valuable and beneficial information to the pharmacy community. He willingly interacted with the conference attendees and answered questions thoughtfully and thoroughly.

Combating the diversion of pharmaceutical controlled substances is a key priority for the DEA. We appreciate the time Mr. LaDien took out of his busy schedule to support our effort to address this serious public health and safety issue.

Sincerely,


Joseph T. Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control