2009 REGULATORY UPDATE

Article 20.—CONTROLLED SUBSTANCES
68-20-23. N-Benzylpiperazine included in schedule I. N-Benzylpiperazine (BZP), including its salts, isomers, and salts of isomers, shall be classified as a schedule I controlled substance. (Authorized by and implementing K.S.A. 65-4102; effective, T-68-11-6-08, Nov. 6, 2008, effective March 6, 2009.)
(Public Hearing was Feb 3, 2009, Published in Kansas Register Feb 19, 2009)

Article 16.—CANCER DRUG REPOSITORY PROGRAM
68-16-3. Donation of cancer drugs. (a) Only a cancer drug that meets the following conditions may be accepted:
(1) The drug has not been compounded.
(2) The drug has not been previously dispensed from a cancer drug repository.
(3) The drug's packaging includes the drug's lot number and expiration date. If the drug is repackaged, the expiration date shall not be past the beyond-use date. Single-unit-dose drugs may be accepted if the single-unitdose packaging is unopened.
(b) Any cancer drug may be accepted only if the donor simultaneously provides the cancer drug repository with a completed cancer drug repository donor form signed by the person making the donation.
(c) A cancer drug repository shall not accept the donation of any controlled substance ***or any drug that can be dispensed only to a patient registered with the drug manufacturer.***
(d) Each cancer drug repository shall receive donated drugs only at the premises of that cancer drug repository and only by an individual authorized by the repository to receive donated cancer drugs. A drop box shall not be used to deliver or accept donations.

(e) Each cancer drug donated under the cancer drug repository program shall be stored in a secure storage area under environmental conditions appropriate for the drugs being stored. All donated drugs shall be stored separately from and not commingled with drugs that are not donated. (Authorized by and implementing K.S.A. 2007 Supp. 65-1667; effective Dec. 1, 2006; amended April 10, 2009.)
(Public Hearing was March 3, 2009, Published in Kansas Register March 26, 2009.)

Article 19.—CONTINUOUS QUALITY ASSURANCE PROGRAMS

68-19-1. Minimum program requirements. Each pharmacy's continuous quality improvement program shall meet the following minimum requirements:
(a) Meet at least once each quarter of each calendar year;
(b) have the pharmacy's pharmacist in charge in attendance at each meeting; and
(c) perform the following during each meeting:
(1) Review all incident reports generated for each reportable event associated with that pharmacy since the last quarterly meeting;
(2) for each incident report reviewed, establish the steps taken or to be taken to prevent a recurrence of the incident; and
(3) create a report of the meeting, including at least the following information:
(A) A list of the persons in attendance;
(B) a list of the incident reports reviewed; and
(C) a description of the steps taken or to be taken to prevent a recurrence of each incident reviewed. (Authorized by and implementing L. 2008, ch. 104, §16; effective April 10, 2009.)
(Public Hearing March 3, 2009, Published in Kansas Register March 26, 2009.)

68-1-1h. Foreign pharmacy graduate equivalency examination. In addition to meeting the requirements of K.A.R. 68-1-1f, each foreign applicant shall meet the following requirements for licensure under the pharmacy act of the state of Kansas:

(a) Pass the foreign pharmacy graduate equivalency examination (FPGEE) with a score of at least 75;

(b) obtain forign pharmacy graduate examination committee (FPGEC) certification from the national association of boards of pharmacy (NABP); and

(c) submit a copy of the FPGEC certificate to the board. (Authorized by and implementing K.S.A. 65-1631; effective Oct.23, 2009.)

(Public Hearing Sept. 2, 2009, Published in Kansas Register October 8, 2009.)

68-1-3a Qualifying pharmaceutical experience.

(a) Pharmaceutical experience that qualifies as one year of experience shall consist of 1,500 clock-hours as a pharmacy student or registered intern while being supervised by a preceptor. A preceptor may supervise no more than two individuals who are pharmacy students or interns ~~at any time~~. All hours worked when the pharmacy student or intern is in regular attendance at an approved school of pharmacy and during vacation times and other times when the pharmacy student or intern is enrolled but not in regular attendance at an approved school of pharmacy may be counted as qualified hours. However, not more than 60 hours **of work** shall be acquired in any one week.

(b) No time may accrue to a pharmacy student before acceptance in an approved school of pharmacy or before being registered as an intern with the board. However, any foreign pharmacy graduate who has ~~successfully~~ passed an equivalent examinationssss as specified in K.A.R. 68-1-1f ~~(b)~~ ***and K.A.R. 68-1-1h*** may apply for registration as an intern.

(c) Once registered as an intern, the intern shall complete all required hours within six years.

(d) Reciprocity shall not be denied to any applicant who is otherwise qualified and who meets either of the following conditions:

(1) Has met the internship requirements of the state from which the applicant is reciprocating; or

(2) has at least one year of experience as a registered pharmacist.

(Authorized by K.S.A. 65-1630; implementing ~~K.S.A. 2003 Supp. 65-1626(g)~~ and K.S.A. 65-1631; effective, E-76-31, Aug. 11, 1975; effective May 1, 1976; amended May 1, 1983; amended May 1, 1985; amended May 31, 2002; amended Jan. 14, 2005; amended October 23, 2009.)

(Public Hearing Sept 2, 2009; Published in Kansas Register Oct 8, 2009.)

68-2-22 Electronic prescription transmission.

(a) Each prescription drug order transmitted electronically shall be issued for a legitimate medical purpose by a prescriber acting within the course of legitimate professional practice.

(b) Each prescription drug order communicated by way of electronic transmission shall meet these requirements:
(1) Be transmitted to a pharmacist in a licensed pharmacy of the patient's choice, exactly as transmitted by the prescriber;
(2) identify the transmitter's phone number for verbal confirmation, the time and date of transmission, and the identity of the pharmacy intended to receive the transmission, as well as any other information required by federal and state laws and regulations;
(3) be transmitted by an authorized prescriber or the prescriber's designated agent; and
(4) be deemed the original prescription drug order, if the order meets the requirements of this regulation.
(c) Any prescriber may authorize an agent to communicate a prescription drug order orally or electronically to a pharmacist in a licensed pharmacy, if the identity of the transmitting agent is included in the order.
(d) Each pharmacist shall exercise professional judgment regarding the accuracy, validity, and authenticity of the prescription drug order communicated by way of electronic transmission, consistent with existing federal and state laws and regulations.
(e) All electronic equipment for receipt of prescription drug orders communicated by way of electronic transmission shall be maintained so as to ensure against unauthorized access.
(f) Persons other than those bound by a confidentiality agreement shall not have access to pharmacy records containing confidential information or personally identifiable information concerning the pharmacy's patients.
(g) If communicated by electronic transmission, the prescription drug order shall be maintained in hard copy ***or as an electronic document*** for the time required by existing federal or state laws and regulations, whichever is longer.
(h) Any prescription drug order, including that for any controlled substance listed in Schedules III, IV, and V and, in certain situations, that for any controlled substance listed in Schedule II, may be communicated by way of electronic transmission, if all requirements of K.A.R. 68-20-10a are met.
(i) After the pharmacist views the prescription drug order, this order shall be immediately reduced to a hard copy ***or an electronic document*** and shall contain all information required by federal and state laws and regulations.
(Authorized by K.S.A. 65-1630; implementing K.S.A. ~~2004~~ ***2008***Supp. 65-1642; effective Feb. 5, 1999; amended Dec. 27, 1999; amended June 2, 2006; amended Oct. 23, 2009.)
(Public Hearing Sept. 2, 2009; Published in Kansas Register October 8, 2009.)

68-7-14 Prescription labels.
(a) The label of each drug or device shall be typed or machine-printed and shall include the following information:
(1) The name, address, and telephone number of the pharmacy dispensing the prescription;
(2) the name of the prescriber. ~~The label shall include the name of the practitioner and, if involved, the name of either the physician's assistant (PA) or the advanced registered nurse practitioner (ARNP);~~

(3) the full name of the patient;
(4) the identification number assigned to the prescription by the dispensing pharmacy;
(5) the date the prescription was filled or refilled;
(6) adequate directions for use of the drug or device;
(7) the beyond-use date of the drug or device dispensed;
(8) the brand name or corresponding generic name of the drug or device;
(9) the name of the manufacturer or distributor of the drug or device, or an easily identified abbreviation of the manufacturer's or distributor's name;
(10) the strength of the drug;
(11) the contents in terms of weight, measure, or numerical count; and
(12) necessary auxiliary labels and storage instructions, if needed.
(b) A pharmacy shall be permitted to label or relabel only those drugs or devices originally dispensed from the providing pharmacy.
(Authorized by K.S.A. 65-1630; implementing K.S.A. ~~1999 Supp.~~ 65-1626a; effective, E-77-39, July 22, 1976; effective Feb. 15, 1977; amended May 1, 1978; amended May 1, 1980; amended May 1, 1988; amended June 6, 1994; amended March 20, 1995; amended April 28, 2000; amended Oct.23, 2009.)
(Public Hearing Sept 2, 2009; Published in Kansas Register Oct. 8, 2009.)