



Kansas State Board of Pharmacy

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www.kansas.gov/pharmacy/

Published to promote voluntary compliance of pharmacy and drug law.

Fifty Years of Service

Congratulations to the following pharmacists who were honored in 2008 for completing 50 years of continuous licensed service to the citizens of Kansas and the profession of pharmacy. The Kansas State Board of Pharmacy is grateful for their years of contribution to the profession.

Benji K. Wyatt, RPh Lawrence, KS
Charles D. Bowlin, RPh Emporia, KS
Frank A. Kolkin, RPh Prairie Village, KS
Gerald E. Adams, RPh Wellington, KS
Max J. Starns, RPh Odessa, MO
Rex T. Rasmussen, RPh Leavenworth, KS
Orla L. Phelps, Jr, RPh Stockton, KS

Mid-Level Practitioner Prescribing

The Physician Assistant Licensure Act and the Advanced Registered Nurse Practitioner Act do not specifically preclude mid-level practitioners from writing prescriptions for themselves or their family members. The American Medical Association's Code of Ethics allows for the activities in emergencies or for minor issues, but it is considered inappropriate to prescribe controlled substances to family members. The American Academy of Physician Assistants also discourages the care of family members except in emergencies. While these authorities are not binding they are persuasive. Any prescription by a physician assistant or advanced registered nurse practitioner needs to be pursuant to an established protocol with a designated physician. As part of the medical review the physician would need to endorse the prescription. If a pharmacist believes that a physician assistant or advanced registered nurse practitioner is inappropriately writing prescriptions, the Kansas State Board of Nursing and the Kansas State Board of Healing Arts will make every effort to resolve the information with education on the scope of practice.

Make Sure Your Technicians are Registered

Pharmacies employing technicians should check the registration status of their technicians to ensure that they

are in compliance by employing only properly registered technicians. Pharmacies may check the status of their technician registrations by asking them to supply a copy of their registration or by checking their registration status at the online verification Web site: www.kansas.gov/pharmacy/ at the link for License Verifications.

Pharmacy technicians must be registered before they can train or work at a pharmacy. The purpose of registration is to provide jurisdiction to the Board over any action on the part of a pharmacy technician. Applications are available on the Board's Web site.

If a technician is unable to supply the pharmacy with a copy of their registration, and/or the pharmacy has been unsuccessful at finding registration information through the Board's online verification Web site, the pharmacy should contact the Board office at 785/296-4056 in order to check on the status of the application.

Board Revocations of Licensure or Registration

Jennifer Graham, Technician, Registration Number 14-02788: Registration revoked for diverting various medications from her employer.

Jerry Lovern, Pharmacist, License Number 1-08222: License Revoked. Conviction of Conspiracy to Distribute a Controlled Substance and Distribution of a Controlled Substance.

Michael Cummings, Technician, Registration Number 14-03773: Registration Revoked. Diversion of controlled substance (hydrocodone, alprazolam, promethazine with codeine syrup) from employer with the intent to sell to others.

Michelle Lehmkuhl, Technician, Registration Number 14-05005: Registration Revoked. Diversion of controlled substances (oxycodone) from employer.

Preston Clowdus, Technician, Registration Number 14-06124: Registration Revoked. Failed to report a felony conviction of "tampering with government records" on his pharmacy technician application.

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FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through www.fda.gov/healthprofessionals.

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at www.fda.gov/consumer/default.htm.

Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with USP and FDA in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the recommendations for prevention of reported errors that you can put into practice today, subscribe to **ISMP Medication Safety Alert!**® Community/Ambulatory Edition by visiting www.ismp.org. If you would like to report a problem confidentially to these organizations, go to the ISMP Web site (www.ismp.org) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

	LORAZEPAM 0.5MG TABLET
Sig:	1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at www.ismp.org/Tools.



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

FDA Launches Web Sites on Promotion of Medical Products

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The "Advertising Prescription Drugs and Medical Devices" Web site provides a "one-stop shop" portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at www.fda.gov/oc/promotion/.

The direct-to-consumer Web site, "Be Smart about Prescription Drug Advertising: A Guide for Consumers" is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient's understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at www.ethicad.org.

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at www.fda.gov/cder/ethicad/index.htm.

FPGEE Returns to Computer-based Format

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at www.nabp.net.

Updated 2009 Survey of Pharmacy Law Now Available

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, "Issuance of Initial Pharmacist Licensure," asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at www.nabp.net and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.

Colleen Kaza, Technician, Registration Number 14-05066: Registration Revoked. Diversion of controlled substances (hydrocodone, OxyContin®, Percocet®) from employer.

Michaela Koester, Technician, Technician Number 14-03954: Registration Revoked. Diversion of controlled substances from employer.

Cindy Chambers, Technician, Technician Number 14-01420: Registration Revoked. Conviction of a felony for theft by deception.

Kaleb Chambers, Technician, Technician Number 14-04933: Registration Revoked. Diversion of controlled substance (morphine, hydrocodone, alprazolam, Marinol®) from his employer.

Robert Richard, Technician, Technician Number 14-07969: Registration Revoked. Diversion of controlled substance (Desoxyn®, Demerol®, Robitussin® AC, alprazolam) from his employer.

Changes on a Schedule II Prescription

On November 19, 2007, Drug Enforcement Administration (DEA) published in the *Federal Register* the Final Rule entitled *Issuance of Multiple Prescriptions for Schedule II Controlled Substances* (72 FR 64921). The rule stated that “the essential elements of the [Schedule II] prescription written by the practitioner may not be modified orally.”

This rule is in opposition to DEA’s previous policy, which permitted a pharmacist to change or add the dosage form, drug strength, drug quantity, directions for use, or issue date after consultation with and agreement of the prescribing practitioner. DEA recognized the resulting confusion regarding the conflict and it plans to resolve this matter through a future rule. Until that time, pharmacists are instructed to adhere to state regulations or policy regarding those changes that a pharmacist may make to a Schedule II prescription after oral consultation with the prescriber. The pharmacist is never permitted to make changes to the patient’s name, controlled substance prescribed (except for generic substitution permitted by state law), or the prescriber’s signature. For a list of changes that are acceptable visit the “Frequently Asked Questions” section of the Web site at www.kansas.gov/pharmacy or check the DEA Diversion Web site.

Electronic Prescribing

DEA and the Department of Health and Human Services (HHS) have discussed electronic prescriptions for controlled substances for several years. DEA proposed regulations that would provide practitioners with the option of writing prescriptions for controlled substances electronically. These regulations would also permit pharmacies to receive, dispense, and archive these electronic

prescriptions. The Board of Pharmacy provided DEA with comments during its public comment period. DEA’s proposed regulations have not been approved as of press time. Until DEA publishes a new regulation in the *Federal Register* the existing rules remain in place.

Unused Medication Act

The Board of Pharmacy has promulgated Rules and Regulations related to the Unused Medication Act. For a copy of the statutes and regulations go to the Board Web site at www.kansas.gov/pharmacy to the link “Unused Medication.” You will also find all of the forms that are necessary to participate as a donor or as a qualifying clinic or center. To participate in the program the clinic or center must fill out the appropriate forms and provide them to the Board of Pharmacy. They must also be registered with the Board as an indigent care clinic. There is no registration fee but the clinic or center that is accepting donations must have a pharmacist-in-charge. These clinics are receiving federal funding and are in need of pharmacists that will volunteer some of their time. If you are interested in contributing your time to help those less fortunate, you may contact the Board for a list of clinics that need help. If you have any questions about this program contact the Board of Pharmacy at 785/296-4056.

Board Adds BZP to Schedule I List

The Board of Pharmacy added BZP to its Schedule I list. BZP is the common name for the synthetic drug N-benzylpiperazine, a stimulant that is approximately 10 to 20 times more potent than amphetamine. It is promoted as an alternative to ecstasy. BZP primarily is abused by teenagers and young adults. The drug often is used at raves, nightclubs, private parties, and other venues where the use of club drugs, particularly ecstasy, is well established. The risks associated with BZP abuse are similar to those associated with amphetamine abuse. In March 2004 DEA designated BZP a Schedule I substance under the Controlled Substance Act. This drug is now showing up in Kansas and several county and district attorneys asked that this drug be placed on the state Schedule I list.

March 2009

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