METH PRECURSOR TASK FORCE MEETING

October 7, 2008
Kansas Bureau of Investigation
Conference Room
1620 SW Tyler
Topeka, KS 66612

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PERSONS PRESENT: Michael Coast, R.Ph., KS Board of Pharmacy (KBOP); Brian Caswell, R.Ph., KS Pharmacists Association (KPhA); Jeff Brandau, KS Bureau of Investigation (KBI); Steve Wilhoft, Attorney General's Office (AG's Office); Mary Franz, D.O. Osteopathic Association; Mandy Hagan, CHPA; Michael Larkin, KPhA; Debra Billingsley, KBOP; Senator Vicki Schmidt, R.Ph., KS Senate; Bob Williams, Osteopathic Association; Berend Koops, Hein Law Firm; Kate Kulesh, Wyeth, Susan Zalinski, Johnson & Johnson, Doug Mays, MethShield, Sean Singleton, MethShield.

MEETING CALLED TO ORDER: Michael Coast, R.Ph., called the meeting to order at 1:30 p.m.

Mike Coast reported that the MethCheck program had not gotten started. Letters had been sent to pharmacists and a meeting had been held.

Sean Singleton gave an update on the MethShield program and had preliminary results. A handout was provided with all of the statistical information. They had expanded the pilot area to an additional ten counties. At least 64 percent of the community pharmacies were participating. The chain drug stores are not wishing to participate but MethShield is planning to visit them to see if they can gain access They have also taken the data that was collected in Salina and have tried to bring it into their system.

The group was asked to discuss the issue of dextromethorphan (DMX) by the PMP task force. The group discussed whether (DMX), an over the counter cough medication that is increasingly being abused by young adults, should be monitored the same as psuedoephedrine products. There was discussion about the increasing abuse of this drug. MethShield advised that it would be easy to add an OTC drug for monitoring. Some states are simply requiring that the patient be 18 years of age or older in order to purchase. Another way to handle the situation would be to make DMX a 3rd class drug.

In reviewing Oregon's law they have scheduled pseudoephedrine so they no longer have a smurfing problem. There is an increase in costs to the patient but Oregon has no statistical information.

There was also discussion on whether an electronic system should require a safety sale or a stop sale feature. The safety of the pharmacists and employees is of concern to the Task Force. A safety sale is possibly a better way to go.

The group discussed costs associated with the program as well as savings to the state. An electronic logging system should reduce the meth lab clean ups. KDHE is funded to clean up labs. The groups discussed whether some of this money could be used toward prevention. The court appointed attorney fees are also something that has grown. Steve stated he would attempt to find out whether he could get a number on the fees associated with attorney fees.

Another potential would be making these drugs a 3rd class drug. Doctor's don't want to prescribe pseudoephedrine but it would be an assault on the physicians and mid-level practitioner's practice if pharmacists did this job. It would also increase the work burden on pharmacists. The patient needs to be put first in whatever decision the Task Force goes with. Scheduling would cost the patient more money, increase a burden on the physicians and increase the burden on pharmacists for filling prescriptions. Medicaid costs could increase if it became a prescription drug.

The next meeting will be conducted on December 11, 2008 at 1:30 at the KPhA Office located at 1020 SW Fairlawn, Topeka, KS 66604.

Meeting adjourned.