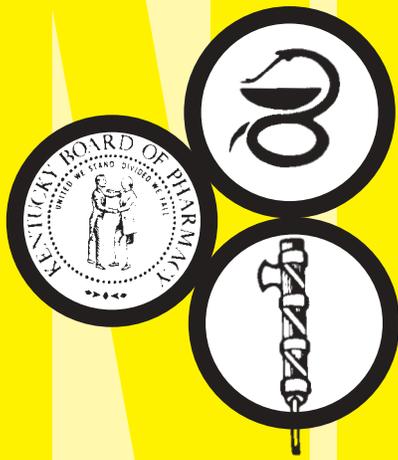


March 2003



Kentucky Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

23 Millcreek Park
Frankfort, KY 40601-9230

2003 Pharmacist License Renewals

License renewals for 2003 were mailed to all Kentucky Board of Pharmacy licensed pharmacists in early January. Pharmacists continuing to practice after the February 28, 2003 licensure expiration deadline without a renewal and pocket card are in violation of statute. Pharmacists should have proof of general continuing education completed and certified by December 31, 2002, at their primary place of practice for review by the pharmacy and drug inspectors.

Pharmacy Permit Renewals

Pharmacy permits expire on June 30, 2003. Renewal applications will be mailed out in early May to all pharmacies or corporate coordinators in order to allow time for processing. Failure to submit your renewal application by June 15, 2003, may result in unnecessary interruption of deliveries to your pharmacy. All incomplete applications will be returned. An incomplete application may include: (1) failure of pharmacist-in-charge and/or owner to sign applications; (2) failure to enclose the proper fee; and (3) failure to provide ownership information, and other required information.

Pharmacist Recovery Network (PRN)

Submitted by Brian Fingerson

"So, tell me about alcoholism," someone said to me. I related one of the best definitions of the disease that I have heard or read. This is from Fr Vernon Johnson. Alcoholism (addiction) is a disease, the very nature of which renders the victim incapable of recognizing the severity of the symptoms, the progression of the disease, or of accepting any ordinary offers of help.

Ordinary offers of help. Hmmmm. We talked about this at the last Impaired Pharmacist Committee meeting. How do we get the pharmacists and the employers of pharmacists of the great Commonwealth of Kentucky to utilize this Kentucky Pharmacist Recovery Network? 201 KAR 2:250 – Impaired Pharmacists Committee is a regulation that spells out how a person or the employer of a person in need of help can get it with a minimal number of adverse consequences. What will be offered is a way to get an evaluation to see if there is a problem that needs addressing, a plan to follow through on the subsequent recommendations, a support and monitoring system to help maintain a substance-free status, and a network of others with the same disease who will offer their experience, strength, and hope.

All of this can be done without the Board of Pharmacy becoming actively involved and your problem becoming a matter of public record. Your contact with me is kept private provided you follow instructions. All that needs to be done is to call me, Brian Fingerson,

at 502/222-9802 or digital pager at 1-888/392-4621, or via e-mail at kyprn@bellsouth.net. I will offer you information and choices. You or someone you know does not have to suffer on his/her own. Below are some signs and symptoms of an impaired professional. Obviously, none of the below is indicative of substance abuse problems in and of themselves, but people with such problems will likely demonstrate some or many of these. They do, therefore, provide a good tool for detection.

- ◆ Tremors
- ◆ Diaphoresis
- ◆ Sweating
- ◆ Pupillary constrictions or dilation
- ◆ Change in appearance
- ◆ Poor hygiene
- ◆ Alcohol on breath
- ◆ Weight gain or loss
- ◆ Frequent emergency room visits/hospitalizations
- ◆ Mood swings
- ◆ Overreaction to criticism
- ◆ Loss of memory/blackouts
- ◆ Legal problems
- ◆ Requests extra shifts, comes in on days off
- ◆ Changes in personality
- ◆ Volunteers to do narcotic inventories
- ◆ Turnover of support staff
- ◆ Frequent absences, especially after days off
- ◆ Increased patient complaints
- ◆ Increased number of practice-related errors
- ◆ Disorganized
- ◆ Decreased performance
- ◆ Marital problems
- ◆ Financial problems

Notifications to the Board Office

Pharmacists-in-charge and/or pharmacists are required to notify the Board in writing if any of the following occur:

1. Change in the pharmacist-in-charge or staff pharmacist;
2. Change of employment;
3. Schedule of hours for the pharmacy;
4. Change of mailing address; and
5. Change of name.

If we do not have your current personal address, you will not receive your Board *Newsletter* or pharmacist renewal notice. The post office only forwards mail for six (6) months in most cases, so failure to change your personal address with the Board could lead to a delinquent license to practice pharmacy. It is your responsibility to keep your license to practice pharmacy current, whether or not you receive a renewal notice from the Board. If you choose not to renew your license to practice pharmacy in Kentucky, please notify the Board in writing so the office can remove your name from the active pharmacist list.

Changes of name must be accompanied by a copy of the legal document that authorized the name change (eg, marriage license or

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divorce decree). Items 1, 2, and 3 (see page 1) shall be submitted within fourteen (14) calendar days of changes pursuant to 201 KAR 2:205.

Prescription Labels

US Food and Drug Administration and Kentucky regulations require pharmacists to place the name of the “prescriber” on a prescription label. He or she may be a physician, dentist, veterinarian, podiatrist, optometrist, advanced registered nurse practitioner, or physician assistant who is licensed under the professional licensing laws of Kentucky to prescribe legend drugs.

Pharmacy computers that print “Dr” or “MD” on the prescription label should contact their computer software vendors to have this deficiency corrected. The prescription label should reflect the correct designation of the prescriber.

For Your Information

The Kentucky Board of Pharmacy would like to remind pharmacists that practitioners are authorized to prescribe medications that are within their scope of practice. It is widely accepted that smoking cessation products such as nicotine inhalers, nicotine nasal sprays, and Zyban are within a dentist’s scope of practice and are appropriate. More than 100 studies have shown the causative effect of tobacco use and oral disease; therefore, treating tobacco use is considered within the scope of practice of a dentist.

Subutex and Suboxone Approved to Treat Opiate Dependence

US Food and Drug Administration has approved Subutex® (buprenorphine hydrochloride) and Suboxone® tablets (buprenorphine hydrochloride and naloxone hydrochloride) for the treatment of opiate dependence. Subutex and Suboxone treat opiate addiction by preventing symptoms of withdrawal from heroin and other opiates. Both of the above drugs are available in 2 mg and 8 mg sublingual tablets and are controlled as Schedule III narcotics. Unlike methadone, Subutex and Suboxone may be prescribed for opiate dependence by a physician and prescriptions may be filled at a community pharmacy. Physicians must be specially trained to prescribe these drugs and this is indicated by a special prefix assigned by Drug Enforcement Administration (DEA), which will be the letter “X.” If a physician’s DEA registration is, for example, BS3006904, the number assigned by DEA for prescribing these two drugs would be XS3006904.

Physicians should refrain from prescribing and/or dispensing methadone to patients for purposes of detoxifying or maintaining a

narcotic addict unless licensed by the Department for Mental Health and Retardation and registered with DEA. Methadone may be used in the treatment of pain experienced by a patient with a terminal illness or chronic disease.

Special Notice About Board Newsletters

The Kentucky Board of Pharmacy *Newsletter* has been designated as an official method of notification to pharmacists licensed by the Kentucky Board of Pharmacy. Please read these *Newsletters* and keep them for future reference. These *Newsletters* may be used in hearings as proof of notification. The Board’s Web site contains the *Newsletters* as well as other pertinent information. The Board’s Web site address is www.state.ky.us/boards/pharmacy/.

Contacting Board Members

Quite often pharmacists contact Board of Pharmacy members with individual questions or concerns regarding the practice of the profession in the Commonwealth. Under ordinary circumstances, these contacts are appropriate.

However, when a pharmacist contacts a Board member knowing or having reason to know that he or she is the subject of a disciplinary matter, discussion of his or her specific case is inappropriate. So, too, would be a discussion in the abstract in which the pharmacist couches his or her case in a hypothetical, professional practice context.

Pharmacists should note that inappropriate contact may cause that particular Board member to be unable to consider their case when the matter is on the agenda. An inappropriate contact may eliminate a Board member who is favorably disposed to their position regarding mitigation or severity of the alleged violation.

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The *Kentucky Board of Pharmacy News* is published by the Kentucky Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of the Foundation or the Board unless expressly so stated.

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Chicago, Illinois
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