

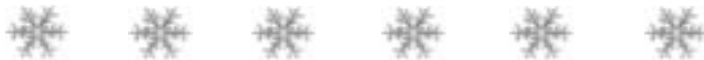
December 2003



# Kentucky Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

23 Millcreek Park  
Frankfort, KY 40601-9230



Season's Greetings from the  
Kentucky Board of Pharmacy



## News from the Impaired Pharmacists Committee

Submitted by Brian Fingerson

The September Kentucky Board of Pharmacy *Newsletter* had an article from University of Kentucky pharmacy student Andrea Ray about a learning experience she had at the University of Utah School on Alcoholism and Other Drug Dependencies. I was reminded while reading it that our learning does not end when we leave pharmacy school. We had a contingent of pharmacists attend the South Eastern Pharmacist Recovery Network meeting in Atlanta, GA, in November for a time of learning and, yes, food, fun, and fellowship.

The 4<sup>th</sup> Annual Clinical Applications of the Principles in Treatment of Alcoholism and Substance Abuse conference is coming up January 30-31, 2004, in Lexington, KY. This is just one more opportunity to learn more about the disease of Substance Abuse Disorder. You can find out more information on this conference by contacting Sandy Patrick or me at the Kentucky Physicians Health Foundation at 502/425-7761.

By the time 2003 ends, we will have had three pharmacy students spend rotations at the Kentucky Professionals Recovery Network, learning how we monitor and advocate for health care professionals in recovery from this disease.

Help for the pharmacist or pharmacy student with problematic use of mind-altering substances can be obtained by calling me at 502/749-8385; by pager at 1-888/392-4621; or by e-mailing [kypm@insightbb.com](mailto:kypm@insightbb.com).

## 2004 Pharmacist License Renewal

Applications for renewal of 2004 pharmacist licenses will be mailed out to all Kentucky licensed pharmacists in early January. Return the completed and signed application by February 28, 2004. An \$80 check made payable to the Kentucky State Treasurer is acceptable; identify your license number on the check. Before mailing your application back to the Board, please take a few minutes to review the completed application. Incomplete or unsigned applications, or applications submitted without a fee, will be returned. Pharmacists seeking to serve as preceptors must include an additional \$10 with your renewal.

## Welcome New Board Member

Governor Paul E. Patton has appointed Gregory A. Naseman, of Crestwood to replace Joe Carr, who served one term. Mr Naseman is a graduate of Ohio Northern University College of Pharmacy, and is a pharmacy supervisor with CVS Pharmacies.

We thank Mr Carr for his dedication and service, and look forward to working with Mr Naseman. Mr Carr in his own manner contributed a total and lasting effort to the activities and responsibilities of the Board.

## Board Members and Staff for 2004

G Timothy Armstrong, Mt Washington	Pharmacist, President
Becky Cooper, Georgetown	Consumer Member
Mark S. Edwards, Richmond	Pharmacist Member
Georgina Kindall-Jones, Louisville	Pharmacist Member
Gregory A. Naseman, Crestwood	Pharmacist Member
Patricia H. Thornbury, Lexington	Pharmacist Member
Michael A. Moné, Frankfort	Executive Director
Jeffrey L. Osman, Frankfort	Pharmacy Inspections and Investigations Coordinator
N. Katie Busroe, Frankfort	Pharmacy/Drug Inspector
Philip C. Losch, Frankfort	Pharmacy/Drug Inspector
V. Maxine Snively, Frankfort	Pharmacy/Drug Inspector
Shannon Settles, Frankfort	Executive Secretary
Brenda Edwards, Frankfort	Administrative Specialist III

## Records for Sale of Ephedrine, Pseudoephedrine, and Phenylpropranolamine

Whenever a pharmacist sells ephedrine as a single entity, the pharmacist must make a record of such sale as he or she would with a Schedule V, over-the-counter (OTC) controlled substance. The pharmacist may maintain this record at the end of the Schedule V, OTC bound record book. One additional element that must be maintained is the method of purchaser identification. Should the pharmacist determine that a driver's license number is the appropriate method, the driver's license number must be recorded. A sale of pseudoephedrine, phenylpropranolamine, or ephedrine in combination products or pseudoephedrine and phenylpropranolamine as single entities in quantities greater than nine (9) grams requires the maintenance of records as discussed above for ephedrine as a single entity. **Please note that the change in quantity of 24 grams to nine grams was effective November 6, 2003.**

## Correct Identification of Practitioners

The Board has received several questions in recent months concerning the use of a Drug Enforcement Administration (DEA) Certificate of Regis-

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tration number on prescriptions written by advanced registered nurse practitioners (ARNPs) and physician assistants (PAs). The DEA number is not a requirement for the prescribing of a non-controlled substance. The dilemma faced by the pharmacist generally concerns the patient's third-party benefits manager that "requires" a DEA number to identify the prescriber. Most pharmacy benefits managers have overrides that authorize the payment for non-controlled substance prescriptions validly prescribed by practitioners who do not have a DEA number. Pharmacists should contact the insurance company or pharmacy benefits manager, on behalf of the patient, for the proper override number. **A pharmacist should not fill a prescription that was written by a PA or ARNP utilizing the physician's name as the prescriber, unless the pharmacist obtained a verbal order from the physician.**

### **Great Customer Service**

It is too often that the Board office receives a consumer complaint regarding his or her pharmacist and/or pharmacy. On October 9, 2003, the Board office received an e-mail from consumer K.G. thanking his pharmacist. Here is the following e-mail:

I just wanted to let you know about the great pharmacy we have in our town. Recently my 7 [seven]-month pregnant wife had to go to the hospital because of early contractions. Everything was fine, the hospital called in a prescription to our local pharmacy. This was on a Friday night and the pharmacy closed at 8:00 PM. By the time I got to the Pharmacy it was 8:15 PM. However, when I pulled into the parking lot our pharmacist, Lisa was waiting for me. She figured we would need the medication that night and she was waiting for us to arrive. Lisa then walked back in the store, opened up the pharmacy department, and gave us the prescription. It really helped my wife, but more than anything else, it was just great customer service.

The Board members and staff would like to publicly thank each and every pharmacist who goes that extra mile for their patients. Keep up the good work!

### **Amendment to 201 KAR 2:074 Pharmacy Services in Hospitals or Other Organized Health Care Facilities**

Effective August 20, 2003, the above regulation was amended to include other organized health care facilities. This regulation is summarized below and can be found on the Kentucky Board of Pharmacy Web site at [www.state.ky.us/boards/pharmacy](http://www.state.ky.us/boards/pharmacy).

Section 1. (1) "Institutional pharmacy" means that portion of an acute care hospital licensed under 902 KAR 20:016 or a pharmacy serving an other organized health care facility which is engaged in the

manufacture, production, sale or distribution of drugs, medications, devices or other materials used in the diagnosis or treatment of injury, illness, or disease. (2) "Investigational drug" means any drug which has not been approved for use in the United States, but for which an investigational drug application has been approved by the FDA [Food and Drug Administration]. (3) "Other organized health care facility" means a facility: (a) Whose primary purpose is to provide medical care and treatment to inpatients; and {1.} An intermediate care facility; {2.} A skilled nursing facility; {3.} A hospital other than an acute care hospital licensed under 902 KAR 20:016; {4.} A licensed personal care home; {5.} A licensed family care home; {6.} A nursing home; {7.} A nursing facility; {8.} An intermediate care facility for mental retardation; or {9.} An Alzheimer's nursing home.

### **DEA Form 106 – Report of Theft or Loss of Controlled Substances**

If a pharmacy incurs theft or loss of controlled substances, Form 106 must be completed and copies sent to the Drug Enforcement Administration (DEA) office and the Cabinet for Health Services-Drug Control Branch. Federal regulations require that the pharmacist or responsible party notify DEA upon **discovery** of loss or theft, not days or weeks later.

### **2003 June Licensure Examination**

The results of the 2003 June licensure examination have been reviewed and recorded. The Board extends its congratulations and welcomes 85 new Kentucky pharmacists to the profession of pharmacy. Of the candidates who sat for the full examination, 78 attended the University of Kentucky.

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