



Kentucky Board of Pharmacy

Published to promote compliance of pharmacy and drug law

State Office Building Annex, Suite 300 • 125 Holmes Street • Frankfort, KY 40601

Pharmacy Technician Registration Renewal by March 31, 2014

The registration renewal process is available online at www.pharmacy.ky.gov. At the completion of the application process and payment of the \$25 registration fee, you will print your certificate of registration. If you are unable to complete the process online, you may print a registration renewal application form from the Kentucky Board of Pharmacy website.

Registrations must be received in the Board office by close of business on Monday, March 31, 2014 (not post-marked). All online registrations must be completed before 12:01 AM (EDT), April 1, 2014. Your registration will be valid until March 31, 2015.

As a reminder, a pharmacy technician must renew his or her pharmacy technician registration and **must not apply as a new pharmacy technician**, whether he or she has changed pharmacies or is attempting to renew his or her pharmacy technician registration late.

Pharmacists-in-charge, please check that all pharmacy technicians have renewed their pharmacy technician registrations before the March 31, 2014 deadline.

Pharmacy Renewal Deadline June 30, 2014

Pharmacy permits expire June 30, 2014. A pharmacy permit can be renewed online. A postcard explaining the renewal process will be mailed to each pharmacy on or about May 1, 2014. If you want to send in a paper renewal, this form may be printed from the Board's website at www.pharmacy.ky.gov. If you have any questions concerning the renewal process, please contact the Board office. Please be reminded that if your pharmacy has an address change, relocation within the current premises of the existing permit, or ownership change, you must complete a new pharmacy application. A pharmacy application with a United States Post Office Box address only will **not** be accepted and will be returned. All incomplete applications will be returned. Remember, the deadline is June 30, 2014. All paper renewal applications must be in the Board office by the close of the day Monday, June 30, 2014 (not post-marked).

CAPTASA

Submitted by Mackenzie Ghormley, PharmD Candidate, Sullivan University College of Pharmacy

Most would think health care professionals could not possibly endure an addiction associated with drugs or alcohol; after all, they are "professionals." Unfortunately, they are just as prone to the disease of addiction as any other member of society. A group known as "All of Us" consists of an assorted collection of health care professionals who have come together with the objective of educating and informing nurses, dentists, pharmacists, physicians, social workers, and others about addiction, alcoholism, dependencies, and available treatment options. Since 2001, this committee has held an annual conference in Lexington, KY, which is known nationwide as Clinical Applications of the Principles in Treatment of Addictions and Substance Abuse (CAPTASA).

CAPTASA (www.CAPTASA.org) is a two-day conference that provides the most up-to-date information on substance abuse and its effects on the impaired health care professional. A variety of nationally known experts in the field of addiction present on the biology, psychology, and spirituality of alcohol and drug abuse. The lectures examine the road of addiction from the first "smoke, drink, whatever your poison" all the way to recovery, "the end." While each speaker has his or her own unique area of practice, all share the need for a better understanding of the disease, treatment, recovery, and reentry of professionals back into their specialized trade.

The 2014 conference addressed topics from every aspect of addiction; a couple to name are "The Endocannabinoid System & Marijuana: Myths and Realities," "How to Discuss Drug Issues with a Patient," "Using the Drug Court Model to Provide Residential Treatment Services Within a Criminal Justice Facility," and "Professional Ethics: Avoiding Burnout." There were also several added bonuses such as open Alcoholics Anonymous meetings, numerous exhibits with an abundance of useful information, and the chance for health care professionals to obtain continuing education hours.

The CAPTASA conference is an excellent opportunity to network with other health care professionals who are involved in addiction medicine. If you have any questions, concerns, or comments regarding addiction, alcoholism, dependencies, treatment options, or information on the 2015 CAPTASA conference, please contact Brian Fingerson, RPh, Kentucky Professionals Recovery Network, at 502/749-8385 or kyprn@att.net.

Amphetamine-Like Anorectic Controlled Substances

The Board office has received many questions about the laws regarding filling a prescription for an amphetamine-like anorectic controlled substance (CS). Regulation 201 KAR 9:016 includes requirements for a physician to prescribe a Schedule III or IV amphetamine-like CS. Please review Section 4(1)(d). The most frequent questions asked are:

- ◆ **Does the physician have to write the body mass index on the prescription?** No.
- ◆ **Does the pharmacist have to call on each prescription and obtain the body mass index?** No, a pharmacist should use his or her professional judgment to determine whether or not to contact the physician and request the body mass index.
- ◆ **What if the physician will not provide the body mass index?** The pharmacist should use his or her judgment in determining whether or not to fill the prescription.
- ◆ **Should I document (on the hard copy of the prescription or in the computer) that I have spoken with the physician and have obtained the body mass index?** Yes.

If you have further questions, please contact the Board office or your pharmacy and drug inspector.



Changes to Fentanyl Pain Patch Warnings Required by FDA

To reduce the risk of accidental exposure, Food and Drug Administration (FDA) has announced new requirements that change the appearance of fentanyl pain patch warnings to make them more visible. The change also requires new language in the warning that emphasizes the risk of death from accidental exposure, particularly in children. The announcement coincided with a Consumer Update that stressed the potential danger of improperly discarded fentanyl patches to children and pets. FDA reminded consumers of the agency's previous advice for securely storing unused patches and disposing of used fentanyl patches by folding the sticky sides together and then flushing them down the toilet. The agency also advises patients to cover in-use patches with an adhesive film to keep them from coming loose, and to regularly check patches to ensure they are securely in place. FDA offers additional information for health care providers on the "Fentanyl Transdermal System (marketed as Duragesic) Information" page, available at www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm114961.htm. Consumer information about safe drug disposal methods is also available on the AWARE_xE[®] Web site at www.AWARERX.ORG.

New: Free ISMP Medication Safety Alert! Newsletter for LTC Facilities

 This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization that analyzes 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 risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

In July, ISMP began publishing *Long-Term Care Advise-ERR*, a new *ISMP Medication Safety Alert!* newsletter for nurses and administrators in long-term care (LTC) facilities. ISMP receives error reports that have occurred in LTC facilities. The newsletter is provided free to LTC facilities in the United States thanks in part to corporate sponsorship from Lilly and for a nominal sub-

scription fee for pharmacies that service LTC facilities and others. Please visit ISMP's Web site at www.ismp.org/Newsletters/longtermcare for more information, and let your LTC facilities know about this free offer.

Here are a few excerpts from a recent issue.

Immediate Vs Extended Release Error

A physician called a LTC facility to change a resident's oxycodone order from an extended-release formulation to an immediate release formulation at the same dose and frequency. The nurse receiving the verbal order transcribed it as "Discontinue OxyContin 10 mg BID, Start OxyContin 10 mg IR BID," with "IR" meant to represent immediate release. Although OxyContin[®] is a brand of oxycodone, it is only available as an extended-release tablet. The pharmacy had previously been dispensing OxyContin for the resident, so the nurse thought she could communicate the prescriber's order by discontinuing the current OxyContin order and then ordering OxyContin as an immediate-release product. The pharmacy continued dispensing OxyContin. The differences between these products and formulations were brought to the attention of nursing staff via an in-service. To minimize the risk of confusion, do not attach modifiers such as "IR" for immediate-release or "RS" for regular strength unless it is part of the official drug name.

Errors Occur During Transitions of Care

A pharmacist reported the following hazardous situation that can occur during a hospital to LTC transfer. Residents are often admitted to a LTC facility with a list of medications printed from the hospital pharmacy computer. On these printouts, doses are expressed along with the number of tablets. For example, the printout may list hydrochlorothiazide 50 mg/2 tablets daily for an order in which the total dose was 50 mg because the hospital only stocks the 25 mg tablets. During hospitalization the patient required two tablets for each dose; however, the LTC nurse may misinterpret the order to mean two 50 mg tablets, making the total dose 100 mg, or two times more than prescribed. This issue arises every time the resident's total dose in the hospital requires more than one tablet or capsule. Discharge medication summaries and transfer orders should only list the total dose in mg or mcg and other directions for use (ie, frequency, route, drug name) to avoid misinterpretation.

2013 USP Chapter <797> Compliance Survey Shows Compliance Trends Unchanged From 2012

The 2013 United States Pharmacopoeia (USP) Chapter <797> Compliance Survey, the third annual report released since 2011, shows that the overall compliance rate of 77.2% remains nearly unchanged from the 2012 rate. Budgetary restrictions and physical plant limitations were among the top challenges to compliance by survey respondents. The report also details the



Compliance News to a particular state or jurisdiction should not be assumed as representing the law of such state or jurisdiction.)

survey's findings on what types of facilities are participating in compounding, and compliance in specific domain areas such as environmental sampling and gloved fingertip sampling. Of the survey's 1,045 participants, 97% of the survey's respondents said that USP Chapter <797> "has had a positive influence on patient safety." The report notes National Association of Boards of Pharmacy® (NABP®) efforts to assist state boards of pharmacy in evaluating pharmacy compliance with USP Chapter <797> requirements for sterile compounding in their states. The report also noted that those who participated in the 2011 survey had a higher compliance score than those who did not. The survey's authors encouraged pharmacy owners with multiple areas of noncompliance to target one or two areas to improve. They also encouraged organizations that participated in the survey to make use of the free Action Plan – generated upon completion of the survey – and other free resources to "reshape" their sterile compounding practices. The full report on the survey's results is available in the October 2013 issue of *Pharmacy Purchasing & Products Magazine* and on the magazine's Web site at www.pppmag.com/article/1403.

FDA Recommends Schedule II Classification for Hydrocodone Combination Products

FDA planned to submit a formal recommendation to reclassify hydrocodone combination products as Schedule II controlled substances to the Department of Health and Human Services by early December 2013. FDA expects the National Institute on Drug Abuse to concur with the recommendation, indicates a statement on the FDA Web site. FDA also indicates that while "the value of and access to these drugs has been a consistent source of public debate," the agency has "been challenged with determining how to balance the need to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse." Drug Enforcement Administration makes the final decision about the appropriate scheduling of these drugs. In January 2013, FDA's Drug Safety and Risk Management Advisory Committee made a recommendation that hydrocodone combination products be classified as Schedule II drugs following a 19-to-10 vote that concluded a two-day meeting during which members discussed the potential for abuse and misuse of the medications and the potential impact of rescheduling the drug products. FDA's statement on the recommendation is available at www.fda.gov/Drugs/DrugSafety/ucm372089.htm.

New FDA Drug Info Rounds Training Videos Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and

community pharmacists so they can help patients make better medication decisions. In the latest two Drug Info Rounds videos, pharmacists discuss the review and approval of new drug names and the review of marketing and advertising materials for new drugs. The videos can be viewed at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm368620.htm and www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm371785.htm, respectively. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

CPPA Developing Specialty Pharmacy Accreditation Program

The Center for Pharmacy Practice Accreditation® (CPPA) has announced the development of a new accreditation program for specialty pharmacy practices. CPPA Executive Director Lynnae Mahaney, MBA, RPh, FASHP, VHA-CM, indicates that "CPPA will be able to develop the new specialty pharmacy standards quickly and efficiently with the existing standards development methodology, infrastructure, and network of specialty pharmacy expertise."

CPPA is a partnership between the American Pharmacists Association, the American Society of Health-System Pharmacists, and NABP. CPPA develops and implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. CPPA offers the general public and users of pharmacy services a means of identifying those pharmacies that satisfy the accreditation criteria and are focused on advancing patient care, safety, and quality.

More information may be found in the press release, available at www.pharmacypracticeaccredit.org/news/2013/10/cppa-to-develop-specialty-pharmacy-accreditation-program.



Pharmacists & Technicians:
Don't Miss Out on Valuable CPE Credit.
Set Up Your NABP e-Profile and Register for CPE Monitor Today!

Continuing pharmacy education (CPE) providers who are accredited by the Accreditation Council for Pharmacy Education (ACPE) have integrated CPE Monitor® into their systems and are requiring pharmacists and pharmacy technicians to provide a National Association of Boards of Pharmacy® (NABP®) e-Profile ID number and date of birth (MMDD) in order to process ACPE-accredited CPE credit.

Visit www.MyCPEmonitor.net to set up your NABP e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.

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Compliance Corner

Questions that the Board office or pharmacy and drug inspectors receive:

◆ **Do all pharmacy technicians have to be nationally certified?**
 Kentucky law only requires a pharmacy technician to be nationally certified by either the Pharmacy Technician Certification Board or the Institute for the Certification of Pharmacy Technicians if the pharmacy technician is performing certain functions in a pharmacy.

◆ **What is meant by a partial fill?** A patient presents a prescription for Suboxone® #60, 1 q12h, but the patient can only afford to pay for a quantity of six; therefore, the patient will come in every three days to pick up the six, which means the patient will be coming into the pharmacy 10 times in that month. Is this allowed? Yes, under Drug Enforcement Administration (DEA) law, if every third day the patient comes in to pick up the quantity of six, it is considered a partial fill, not a refill.

The Board office and the inspectors still receive frequent calls concerning the CS prescriptive authority of advance practice registered nurses (APRNs) and midwives.

Scheduled Drug Laws for APRNs at a Glance*

Drug Schedule	KASPER Query	Maximum Prescription	Refills	Method of Prescription	Prescription Expiration
II	Required before prescribing and at least every three months during treatment	72 hours** (see psychiatric mental health exception, below)	No	Written or e-prescribed***	60 days after date of issue
III	Required before prescribing and at least every three months during treatment	30 days	No	Written, e-prescribed***, oral, or fax	Six months after date of issue
IV (Ativan®, Klonopin®, Valium®, Xanax®, and Soma®)	Required before prescribing and at least every three months during treatment	30 days	No	Written, e-prescribed***, oral, or fax	Six months after date of issue
IV (other)	Required before prescribing and at least every three months during treatment	Original quantity prescribed	Maximum six-month supply	Written, e-prescribed***, oral, or fax	Six months after date of issue
V	Required before prescribing and at least every three months during treatment	Original quantity prescribed	Maximum six-month supply	Written, e-prescribed***, oral, or fax	Six months after date of issue

Prescribing prerequisites for APRNs:

1. Licensed to practice as APRN for at least one year
2. Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS)
3. DEA registration and certificate/number
4. Notify Kentucky Board of Nursing of CAPA-CS and physician name; submit copy of DEA certificate
5. Kentucky All Schedule Prescription Electronic Reporting (KASPER) registration

* Your CAPA-CS may place additional restrictions on your prescribing authority.
 ** APRNs nationally certified in psychiatric mental health nursing may prescribe a 30-day supply of psychostimulants.
 *** Prescriptions can be e-prescribed as long as the prescriber and the pharmacy software systems have met all DEA requirements.

The entire reference may be downloaded from the Kentucky Coalition of Nurse Practitioners and Nurse Midwives website at www.kcnprnm.org/.

The guide contains many frequently asked questions concerning collaborative care agreements for both controlled and non-controlled substances.

APRNs and midwives in jurisdictions outside of Kentucky may have more privileges; however, the Kentucky law is more stringent and therefore applies to all prescriptions written by an APRN or midwife. As a reminder, physician assistants in Kentucky are **not** allowed to prescribe any CS; therefore, CS prescriptions written by physician assistants from other jurisdictions are not valid in Kentucky.

Official Method of Notification

The *Kentucky Board of Pharmacy Newsletter* is considered an official method of notification to pharmacists, pharmacist interns, pharmacies, wholesalers, and manufacturers credentialed by the Board. **These Newsletters will be used in administrative hearings as proof of notification.** Please read carefully. The Board encourages you to store them electronically in a folder or keep them in the back of the *Kentucky Pharmacy Law Book* for future reference.