December 2002

Kentucky Board of Pharmacy

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New Board Member

Governor Paul E. Patton has reappointed pharmacist member Georgina K. Jones of Louisville and consumer member Becky M. Cooper of Georgetown to the Kentucky Board of Pharmacy. The Governor has appointed Mark S. Edwards of Richmond to replace Thomas S. Foster of Nicholasville, who served one term and also served as the Board's president. Mr Edwards is a 1984 graduate of the University of Kentucky College of Pharmacy and is currently a member of the Kentucky Pharmacists Association, American Pharmaceutical Association, Phi Delta Chi Pharmacy Fraternity, and Bluegrass Pharmacists Association. He currently practices as a community pharmacist for the Winn-Dixie Company in Richmond. The appointments shall be effective through January 1, 2006.

The Board members and staff wish to extend their most sincere appreciation to Dr Foster for his dedication and service to the citizens of the Commonwealth, and we look forward to working with Mr Edwards.

Board Meeting Dates for 2003

The Kentucky Board of Pharmacy set the following meeting dates for 2003. All meetings, except examinations, are held at the Board office and begin at 9 AM. However, one meeting is planned at the University of Kentucky campus. Pharmacists and the public are invited to attend. Should you wish to have a matter considered by the Board, kindly provide seven copies of the information to the Board office not less than fourteen (14) days before the meeting date.

January 8 ..... Board Meeting
January 18 ..... Board Exams
March 5 ..... Board Meeting at the University of Kentucky
April 16 ..... Board Meeting
June 4 ..... Board Meeting
June 28-29 ..... Board Exams
July 9 ..... Board Meeting
August 13 ..... Board Meeting
October 8 ..... Board Meeting
December 3 ..... Board Meeting

2003 Pharmacist License Renewals

License renewals for 2003 will be mailed to all Kentucky 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 are not required to complete one hour of HIV/AIDS continuing education in 2002 for their 2003 license. The next time HIV/AIDS continuing education will be required is during the calendar year 2010. Pharmacists should have proof of general continuing education credit completed and certified by December 31, 2002, at their primary place of practice for review by the pharmacy and drug inspectors.

News from the Impaired Pharmacists Committee

Brian Fingerson

One of the benefits of having a Pharmacist Recovery Network (PRN) and Impaired Pharmacist Committee in Kentucky is accountability for the person trying to stay clean and sober. Clients learn during the earliest parts of their treatment that recovery from substance abuse disorder is a one-day-at-a-time affair. There are many components to a clean and sober lifestyle. The Kentucky Pharmacist Recovery Network has a contract with each client that gives specifics of what to do to maintain that type of lifestyle. The contract specifies the number of 12-step group meetings that must be attended per week. The attendance must be documented. The contract sets up a frequency of random urine drug screens that will be done per year. PRN must be notified of workplace, living arrangements, all medications ingested including legend and over-the-counter medications, contact frequency with PRN, and other details. This gives the person accountability. Thus, the relapse rate among clients under contract is significantly lower than in the population that does not have such guidelines.

Yes, we still have relapses. However, we also have a large number of successes. This is success that is measured in returning to pharmacy practice in a safe manner for the public as well as the client. Should you or anyone you know have questions about this disease, please contact Brian Fingerson for confidential information at 502/222-9802 or by pager at 1-888/392-4621.

DEA Issues Clarification on Partial Fills for Schedules III-IV

Drug Enforcement Administration (DEA) has issued a clarification of the dispensing of partial fills of controlled substances listed in Schedules III-IV. Patricia M. Good, chief, Liaison and Policy Section, Office of Diversion Control, DEA, responded to the following question from another state board. The question was as follows:

> If a pharmacist receives a prescription for a controlled substance listed in Schedule III-IV for a prescribed quantity of 50 dosage units, with three refills, may a pharmacist refill the prescription more than three times if the patient gets less than the prescribed quantity? The response was as follows: If the patient requests that smaller quantities be dispensed, the 200 dosage units and the six months time frame become the limiting factors. If 25 dosage units are dispensed originally and on each subsequent dispensing, the patient may receive seven such dispensings as long as they occur within the six months time frame for a total of 200 dosage units.

News From the Drug Control Branch

Danna Droz, Branch Manager

"Pharmacist Cited for Sharing KASPER Report." This is not an actual headline, but it may happen. KRS 218A.202 is very specific about who may obtain a Kentucky All Schedule Prescription Electronic Reporting System (KASPER) report, what may be done with the information contained therein, as well as penalties for unauthorized disclosure of information. The volume of the KASPER reports requested by pharmacists has increased steadily since the inception of the KASPER program in 1999. The Drug Control Branch of the Cabinet for Health Services, which administers the KASPER program, wants to remind you that sharing the report with anyone, even other health care professionals or law enforcement members, can subject you to liability. Instances have been discovered where a pharmacist did the following: (1) requested a KASPER report on a deceased person; (2) requested a KASPER report on a family member who was not a patient; (3) requested a KASPER report on a prospective employee; (4) shared a KASPER report with an attorney involved in a lawsuit; and (5) shared a KASPER report with a physician who was not treating the patient. Questions may be directed to the Drug Control staff at 502/564-7985.

Other news from the staff at Drug Control: If you receive a prescription that you suspect is forged or altered, you may want to make your notes on the back of the prescription. Law enforcement has advised our office that it is much more difficult to prosecute a person who has forged or altered a prescription if the pharmacist has notes or other markings on its face. Especially in cases where refills have been added, markings on the front make it very easy for a defense attorney to suggest that someone other than his/her client made those marks, creating reasonable doubt. In such a case, the pharmacist does not want to be one of the suspects.

Medication Error Task Force Report

J.D. Hammond, PharmD Candidate

In June 2001, the Kentucky Board of Pharmacy appointed a Statewide Medication Error Task Force to address the Board's response to medication errors (ME). The Task Force is composed of a diverse group of pharmacists and pharmacy students with respect to both practice setting and geographic location in Kentucky. In an attempt to accurately represent Kentucky pharmacists' views on ME and to address the problem of responding to ME, in January 2002 the Task Force developed and distributed a survey to all actively licensed pharmacists in Kentucky. The objective of the survey was to determine the pharmacists' perceptions of various issues as they relate to ME. Surveys were mailed to the 3,511 actively licensed pharmacists in Kentucky and 1,198 surveys were returned for a response rate of 34%. Key findings from the survey are summarized below.

The survey was designed to collect demographic information, assess the presence of ME-tracking and reporting systems, and determine Kentucky pharmacists' perceptions of the factors associated with the most common types of ME in dispensing prescriptions. Pharmacists were asked to identify variables associated with ME in their practice. On a scale of one to five, with one indicating "no association with ME" and five indicating a "very high association with ME," pharmacists recorded their responses concerning 18 different variables. More than 45% of pharmacists surveyed felt that the following five factors had a "very high association" with the occurrence of ME in dispensing prescriptions: poor handwriting; pharmacist overwork; pharmacist fatigue; prescription volume (dispensing/distribution workload); and noise, distractions, or interruptions. Pharmacists were also asked to rank the top three ME occurring in their pharmacy practice. Based on responses to this question, pharmacists in Kentucky perceive dispensing an incorrect medication, dispensing an incorrect medication strength, and dispensing a medication to the wrong patient to be the three most common ME. Furthermore, even with eight out of 10 pharmacists claiming that they have a system in place for tracking and reporting ME, more than seven out of 10 Kentucky pharmacists still feel that actual errors in dispensing are becoming more common.

While this article only summarizes key findings from the survey, further information on the Statewide Medication Error Task Force, demographics from the survey, and pharmacists' responses to other questions in the survey can be accessed through the Kentucky Board of Pharmacy Web site at www.state.ky.us/boards/pharmacy/. The Task Force continues to actively address issues related to medication errors. Their work has generated much interest from the profession, and the Kentucky Pharmacists Association recently agreed to assume administrative responsibility for the Medication Error Task Force so it may continue its work in the best interest of the profession.

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