



Kentucky Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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Frankfort, KY 40601-9230

Pharmacy Permit Renewals

All pharmacy permits expire on June 30, 2001. Pharmacy permit renewal packets for 2001-2002 were mailed to all pharmacies or corporate coordinators around the first week in May. Federal law prohibits manufacturers and wholesalers from delivering legend medications to persons or entities that do not have active licenses. Failure to have a current permit after the June 30, 2001 deadline may result in disciplinary action against the permit-holder and/or pharmacist-in-charge.

Please be reminded that if your pharmacy is changing an address, relocating within the current premises of the existing permit, or changing ownership, you must complete a new pharmacy permit application. An inspection is required for a change in address and relocating within the existing premises. A change of ownership requires prior approval from the Kentucky Board of Pharmacy office. Pharmacists signing the pharmacy permit application to be a pharmacist-in-charge should make sure that they are not on record with the Board as being a pharmacist-in-charge for another pharmacy, unless previously approved by the Board. Once you are approved as a pharmacist-in-charge, the Board will issue a pharmacy permit identifying you as the pharmacist-in-charge. The pharmacy permit should be displayed conspicuously.

What is a Pharmacist-In-Charge (PIC)?

201 KAR 2:205 was promulgated to ensure that a knowledgeable and responsible pharmacist remains in charge of pharmacy operations and that activities performed conform to all laws and regulations pertinent to the practice of pharmacy and the distribution of prescription drugs. The pharmacist-in-charge (PIC) is more than the pharmacist who happens to be working at the time an issue arises. Rather, it is the pharmacist responsible for the overall operations of the pharmacy and the provision of pharmacy services, including patient recordkeeping and patient counseling. A pharmacist agreeing to serve as a PIC should be aware that she or he is assuming responsibility for implementing policies and procedures designed to prevent or detect improprieties occurring in the pharmacy, including drug pilferage or diversion.

While a PIC will not be held directly responsible for another person's thievery, she or he will be held responsible for failing to implement policies and procedures that are reasonably designed to prevent or detect the theft.

In addition to detecting theft, the PIC is responsible for monitoring care, pursuing opportunities to improve care, resolving identified problems that exist, making or filing reports with the Board,

and responding to the Board concerning violations and deficiencies. PICs should pay special attention to methods for procurement, storage, security, and disposition of drugs, and the provision of pharmacy services. The PIC must ensure that all pharmacists and interns are duly licensed and must notify the Board in writing within **fourteen (14) calendar days** of any changes in PIC, staff pharmacists, or scheduled hours of operation.

A PIC must be physically present in the pharmacy for the minimum amount of time necessary to provide adequate supervision and control. The Board believes the minimum time is no fewer than ten (10) hours per week.

Frequently Asked Questions

Q1: How long after the date of issuance may a non-controlled prescription be filled?

A1: The non-controlled prescription may be valid for a maximum period of one (1) year from the date issued. **See 201 KAR 2:185.**

Q2: What about controlled substance prescriptions and their time limit?

A2: Controlled substances listed in Schedule III-V shall not be filled or refilled more than six (6) months after the date issued. Schedule II prescriptions may be valid up to sixty (60) days from the date issued. **See 218A.180**

Q3: Is a prescriber for Schedule II amphetamine prescriptions required to write the diagnosis on the prescription?

A3: Yes, pursuant to 201 KAR 9:016. The only exception to this regulation is if the **minor** (17 years and under) is prescribed **methyphenidate** for the treatment of attention deficit disorder.

Q4: Does a pharmacist have a legal obligation to report a forged prescription to the proper authorities?

A4: If the pharmacist determines a prescription for a controlled substance is forged, then under 218A. 288 he or she shall report the incident to the proper authorities and shall surrender the prescription to the law enforcement officer upon request. Neither federal nor state law places such an obligation on the pharmacist for a non-schedule substance. It is the opinion of the Board that all pharmacists have an obligation to report any forged prescription to the proper authorities.

HIV/AIDS Continuing Education

House Bill 140 amended the statutory requirement (KRS 214.610) that pharmacists obtain HIV/AIDS continuing education on an annual basis. The bill was signed into law by Governor Paul Patton on

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March 15, 2001, and provides for provisions that include completing a program every ten (10) years, unless the Board, at its discretion, requires completion of a program more frequently. **Please be advised that for 2001 every pharmacist shall complete a one (1) hour program approved by the Cabinet for Health Services HIV/AIDS Branch by December 31, 2001.**

The Board is presently reviewing the recent amendments to determine what options they have.

Signs of an Impaired Professional

- ◆ Tremors
- ◆ Diaphoresis
- ◆ Sweating
- ◆ Pupillary constriction or dilation
- ◆ Change of appearance
- ◆ Poor hygiene
- ◆ Alcohol on breath
- ◆ Weight gain or loss
- ◆ Frequent ER visits or hospitalizations
- ◆ Mood swings
- ◆ Overreaction to criticism
- ◆ Loss of memory/blackouts
- ◆ Extreme temper (fights, violent outbursts)
- ◆ 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

Obviously, none of the above 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. If you think that you or a colleague has a problem with alcohol or drug consumption, please call Brian Fingerson at 1-888/392-4621 for confidential assistance.

Change of Personal Address

Do not forget to notify the Board office in **writing** if you have a change of personal address. If we do not have your current 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 phar-

macy. 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.

Kentucky Board of Pharmacy's Web Site

The Kentucky Board of Pharmacy's Web site contains the Practice Act, forms for registration, and other pertinent information, which we hope will be useful to pharmacists. 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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