June 2002

Kentucky Board of Pharmacy

NEWS

Published to promote voluntary compliance of pharmacy and drug law.

23 Millcreek Park
Frankfort, KY 40601-9230

Pharmacist Recovery Network (PRN)

Submitted by Brian Fingerson

"Education." "Continuing Education." I consider these good words for those of us in this ever-changing profession. They are words that certainly also apply to the disease of addiction. One of my primary jobs is helping to educate pharmacists about the disease of addiction. We recently completed a conference in Lexington in February on addiction issues with all health care professionals. I was also in West Virginia in February talking to its pharmacist association about impairment within the profession. There was a continuing education presentation at the Kentucky Society Health-System Pharmacists Spring Meeting on May 10, 2002, titled *Pharmacists and Impairment in Kentucky*, as there will be at the annual meeting of the Kentucky Pharmacists Association on July 12, 2002. The University of Utah School on Alcoholism and Other Drug Dependencies meets in Salt Lake City, Utah, on June 16-21. Kentucky is being prominently featured in the continuing education sessions during this meeting. The Kentucky School on Alcoholism at Northern Kentucky University will have a day devoted to addiction and health care professionals on July 24, 2002. The Southeastern Regional Pharmacist Recovery Network (SEPRN) meets in Atlanta on November 8-10. All of these meetings will include Kentucky pharmacists both presenting the continuing education and being educated. I would invite each and every one of you to come and learn more about this disease that touches 10-18% of the population at some time in their lives. As always, if you have questions or concerns or need for assistance, my digital pager number is 1-888/392-4621.

Drug Product Selection – Generic Substitution

Pharmacists are reminded that, unless otherwise instructed by the patient receiving the prescription, a pharmacist dispensing a prescription for a drug product prescribed by its trade or brand name should select a therapeutically equivalent drug product with the same established name, active ingredient, strength, and dosage form as the drug product identified in the prescription.

Prescription orders written generically do not fall under the substitution mandates and may be filled with any available generic drug product. Pharmacists should choose generic drug products rated "equivalent" in the Food and Drug Administration "Orange Book" to avoid related legal issues regarding professional discretion and drug quality.

Finally, if patients request the trade or brand name of a drug product to be dispensed, pharmacists should honor this request, unless there are circumstances that dictate otherwise.

Return of Dispensed Prescription Drugs

According to the Cabinet for Health Services, Drug Control Branch, through its regulation found at 902 KAR 55:065, an outpatient (ambulatory) pharmacy that dispensed a drug to a patient may have it returned if **all** of the following conditions are met: (1) the drug is not a controlled substance; (2) packaging and labeling meet United States Pharmacopeia standards; (3) the container is sealed and tamper proof; (4) the drug has not expired; (5) 14 days or less have elapsed since the drug was dispensed; and (6) the drug does not require refrigeration.

Pharmacists are encouraged to consider the dispensed drug's nature and the container's characteristics when making decisions concerning the return of dispensed drugs. Pharmacists should note the regulation does not require a pharmacist to accept the return of dispensed drugs, nor, if accepted, to dispense the drug to another patient. Questions concerning this regulation's application to your practice should be directed to the Drug Control Branch at 502/564-7985.

Legislative Changes

The 2002 session of the Kentucky Legislature has ended with the enactment of several changes to the practice of pharmacy. The actual changes that pertain to the Pharmacy Practice Act will be incorporated into the January 2003 edition of the *Board of Pharmacy Law Book*. The following is a brief summary of significant changes and/or amendments to current regulations/statutes:

HB 249

Allows a pharmacist to request from the Board an expurgation of previous discipline for a "minor violation." A "minor violation" is one that does not demonstrate a serious inability to practice the profession; adversely affect the public health, safety, or welfare; result in economic or physical harm to a person; or create a significant threat of such harm. The pharmacist may apply for the expurgation after three years of no subsequent violations and may only be afforded the opportunity once.

HB 67

An Act relating to the dispensing of **noncontrolled** legend drugs, excluding abortifacients, by advanced registered nurse practitioners (ARNPs) and registered nurses (RNs) in health departments. Legend drugs are limited to those approved by the commissioner of the Department for Public Health. The health department must have within its membership a Kentucky pharmacist with a valid license. If the health department is unable to recruit a registered pharmacist to serve on the governing board, the board shall document the consultation with a Kentucky licensed pharmacist.

201 KAR 2:015 Continuing Education

Every 10 years starting with 2010, a Kentucky licensed pharmacist shall successfully complete a continuing education program of

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not less than one contact hour, 0.1 continuing education unit (CEU) regarding HIV/AIDS that complies with KRS 214.610 (1). The continuing education program shall be approved by the Cabinet for Health Services (CHS) HIV/AIDS Branch or be conducted by a provider approved by the American Council on Pharmaceutical Education (ACPE). In summary, Kentucky licensed pharmacists do **not** have to complete an HIV/AIDS program for 2002. Next time will be during calendar year 2010. Effective March 28, 2002.

201 KAR 2:090 Reference Material and Prescription Equipment

A pharmacy located within the commonwealth that receives a pharmacy permit shall be required to maintain at least one current reference from each of the following categories: (1) pharmacology; (2) drug interactions; (3) drug product composition; and (4) state and federal laws. Also, if the pharmacy has a speciality practice in a particular area, then a reference relevant to that practice would be required. Electronic references are acceptable provided the information is readily retrievable; access to the Internet is not sufficient to meet this regulation. Relating to the equipment part of the regulation, a prescription balance with a sensitivity not less than that of a Class 3 balance is required. Effective February 7, 2002.

201 KAR 2:165 Transfer of Prescription Information

This regulation was amended to include the use of a facsimile machine, and all the information required by this administrative regulation is provided to the sending and receiving pharmacists. The transfer of prescription information may still be communicated orally between two pharmacists or through an online real-time computer system that provides documentation of the presence of a pharmacist when the information is transferred. Effective February 7, 2002.

201 KAR 2:250 Impaired Pharmacists Committee

KRS 315.126 (1) requires the Board of Pharmacy to establish an Impaired Pharmacist Committee. This administrative regulation establishes minimum requirements for the establishment and operation of the Impaired Pharmacists Committee. This administrative regulation specifies the manner by which the Board's Impaired Pharmacist Committee consultant works with the Board in intervention, evaluating, and treating a pharmacist or intern, and providing for continuing care and monitoring by the consultant through a treatment provider. Effective February 7, 2002.

201 KAR 9:016 Restriction on Use of Amphetamine and Amphetamine-like Anorectic Controlled Substances

The Kentucky Board of Medical Licensure has amended the above referenced regulation. A Schedule II amphetamine or amphetamine-like controlled substance shall be used to treat only the following: (1) narcolepsy; (2) attention deficit/hyperactive disorder; (3) resistant depressive disorder in combination with other antidepressant medications or if alternative antidepressants and other therapeutic modalities are contraindicated; (4) drug-induced brain dysfunction; or (5) a diagnosis for which the clinical use of the Schedule II amphetamine or amphetamine-like controlled substance is investigative, and the investigative protocol has been submitted, reviewed, and approved by the Board of Medical Licensure prior to the clinical use of the drug.

The good news to this amendment is that the patient's diagnosis is **no** longer required on the hard copy prescription for a Schedule II amphetamine or amphetamine-like controlled substance. Effective February 7, 2002.

Pharmacy, Manufacturer, or Wholesaler Closures

Pursuant to 201 KAR 2:106, the licensee shall inform the Board of Pharmacy, Drug Enforcement Administration, 600 Martin Luther King Jr Place, 1006 Federal Bldg, Louisville, KY 40202 and the Cabinet for Health Services, Drug Control Branch, 275 E Main St, Frankfort, KY 40621 by written notice 15 days prior to the anticipated closing of the permitted location. If the permitted location is a special limited medical gas facility or a wholesaler/manufacturer who only has medical gases, then only the Board of Pharmacy has to be notified.

The *Kentucky Board of Pharmacy News* is published by the Kentucy 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.

Michael A. Moné, JD, RPh - State News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Courtney M. Karzen - Editorial Manager

KENTUCKY BOARD OF PHARMACY

National Association of Boards of Pharmacy Foundation, Inc.
700 Busse Highway
Park Ridge, Illinois 60068

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