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Kentucky Board of Pharmacy

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23 Millcreek Park
Frankfort, KY 40601-9230

New Board Appointee

Governor Paul Patton appointed C. Joe Carr to serve on the Board, effective January 1, 2001. The appointment shall be effective through Janaury 1, 2004.

Mr Carr practices as a hospital pharmacist at Methodist Hospital in Henderson. He is a 1981 graduate of the University of Kentucky College of Pharmacy and served as president of the Kentucky Pharmacists Association in 1997.

Mr Carr's appointment succeeds the appointment of David L. Jaquith, who served two terms and was president of the Board in 2000. The Board members and staff wish to extend their most sincere appreciation to Mr Jaquith for his dedication and service to the citizens of the Commonwealth.

Mr Carr joins the following members of the Kentucky Board of Pharmacy for 2001: William A. Conyers III, president, Glasgow; Thomas S. Foster, Nicholasville; Georgina K. Jones, Louisville; Melinda C. Joyce, Bowling Green; and Becky M. Cooper, Georgetown.

Notifications to the Board Office

Pharmacists-in-charge and/or pharmacists are required to notify the Board **in writing** if any of the following occur:

1. Change in the pharmacist-in-charge or staff pharmacist;
2. Change of employment;
3. Schedule of hours for the pharmacy;
4. Change of mailing address; and
5. Change of name.

Changes of name must be accompanied by a copy of the legal document that authorized the name change (eg, marriage license or divorce decree). Numbers 1, 2, and 3 shall be submitted within **fourteen (14) calendar days** of changes pursuant to 201 KAR 2:205.

2001 Pharmacist License Renewals

License renewals for 2001 were mailed to all Kentucky licensed pharmacists in early January. Pharmacists continuing to practice after the February 28, 2001 licensure expiration deadline without a renewal and pocket card are in violation of statute. Pharmacists should have proof of general continuing education and Cabinet for Health Services-approved HIV/AIDS continuing education completed and certified by December 31, 2000, at their primary place of practice for review by the pharmacy and drug inspectors.

Child-Resistant Prescription Containers

The Poison Prevention Packaging Act of 1970 (PPPA) mandates that prescription drugs be placed in special containers designed to be difficult for children to open.

Under the PPPA, the general rule is that child-resistant prescription containers cannot be reused when a refill request is processed for patients who return the empty prescription vial. A limited exception to this rule exists when the container is glass. In this instance, only the child-resistant cap must be replaced. The pharmacist must exercise professional judgment as to whether the glass containers should be refilled and redispensed.

Although not required by law, it is recommended that a pharmacist document a patient's request for nonsafety closures in the pharmacy's computer system or on the original prescription. Pharmacists may obtain blanket authorizations from patients requesting nonsafety closures. Pharmacists should routinely verify this request with the patient to determine if conditions have changed.

Physicians Prescribing Methadone for Detoxification

Physicians should refrain from prescribing and/or dispensing methadone to patients for purposes of detoxifying or maintaining a narcotic addict unless licensed by the Department for Mental Health and Retardation and registered with the US Drug Enforcement Administration (DEA). Methadone may be used in the treatment of **pain** experienced by a patient with a terminal illness or chronic disorder. Questions regarding any part of the Narcotic Addict Treatment Act of 1974 should contact DEA at 502/582-5908 or the State Methadone Authority at 502/564-4448.

Pill Splitting

Pharmacy and drug inspectors have been noticing an increase of tablets being split for different reasons. Pharmacists have expressed that more physicians are prescribing doses typically not available from manufacturers, which requires pharmacists to split the tablets to obtain the prescribed dose. Other reasons included requests from third-party payers and occasionally requests from patients. Inaccuracies in pill splitting, the lack of testing on the effectiveness of split pills, and the potential for an overdose are the primary issues of concern. Pharmacists should utilize professional judgment to determine what is in the best interest of the patient when deciding whether to split tablets. The pharmacist should make sure the patient understands the inexactness of pill splitting and the possible effects that may occur from an inexact dose. Additionally, pharmacists should be concerned with proper labeling of the dispensed product.

Generic Substitution

Kentucky law requires pharmacists to substitute and dispense US Food and Drug Administration (FDA)-approved generic drugs

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when presented with a prescription for a brand name drug, unless otherwise instructed by the patient or his/her practitioner. Although a few exceptions to this regulation exist, it generally applies to the great majority of prescriptions for brand name drugs.

Either the prescriber or patient may direct the pharmacist to forego the substitution regulation and dispense brand name medication. The prescriber generally directs the pharmacist through a designation written on the prescription such as "do not substitute" or "dispense as written." The patient generally does so by oral direction. The pharmacist is required to dispense brand medication when so directed.

Adverse ramifications for reimbursement to patients by insurance companies or health care plans for out-of-pocket prescription payments may exist if the prescriber or patient directs the pharmacist to dispense brand name medication. A patient should receive full and customary reimbursement when the prescriber directs that only a brand name drug be dispensed. However, a patient may be required to forego full reimbursement or pay a higher co-payment to the pharmacist if the patient directs the pharmacist to dispense a brand name when the prescriber has not so indicated.

Under Kentucky Medicaid Assistance Program (KMAP) regulations, the prescriber must write in his/her own handwriting "brand name medically necessary" when a generic product is available and the prescriber wishes the brand name product be dispensed. KMAP Maximum Allowable Cost (MAC) overrides regulations that permit pharmacists 45 days to secure a written "brand name medically necessary" override on any prescription for which reimbursement greater than MAC is requested. Whether oral or written, a pharmacist may dispense an innovator product and secure the "brand name medically necessary" override, after the fact, within the 45-day period.

"Generic substitution" should not be confused with "therapeutic interchange." Kentucky does not currently have laws permitting therapeutic interchange, as this term applies to substitution of one therapeutic entity for another in the same or similar drug class (ie, Motrin for Naprosyn). In the absence of such laws, pharmacists and pharmacies providing care to patients must prepare and dispense prescription orders consistent with the original written or oral prescription.

Prescription Labels

US Food and Drug Administration and Kentucky regulations require pharmacists to place the name of the "prescriber" on a prescription label. He or she may be a physician, dentist, veterinarian, podiatrist, advanced registered nurse practitioner, optometrist, or physician assistant who is licensed under the professional licensing laws of Kentucky to prescribe legend drugs.

Pharmacy computers that print "Dr" or "MD" on the prescription label should contact their software vendors to have this deficiency corrected. The prescription label should reflect the correct designation of the prescriber.

Common Questions Regarding Continuing Education

Q1: How do I report proof of continuing education (CE) completed?

A1: Each pharmacist on his/her pharmacist license renewal application should check the appropriate checkoff box. Certificates of completion are not required to be forwarded to the Board office unless requested or in compliance with an Agreed Order. Continuing education must be completed and certified between Janaury through December 31st of each year.

Q2: When two different dates appear on my certificate of completion, which one do I use?

A2: If you participated in a home study course, the course is not considered complete until you receive a certificate of completion from the provider with a dated certifying signature. If you attended a live program, the completion date and credit date for the program is the day that you attended the program.

Q3: How long do I maintain my continuing education certificates on file at my primary place of practice?

A3: You should maintain your certificates of completion for three (3) years after you report the hours on your pharmacist renewal application.

Q4: I recently relocated, and I cannot find all of my CE certificates. How do I get replacements?

A4: You should contact the continuing education providers. They are required to maintain CE records of completion on file for four (4) years.

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Michael A. Moné, JD, RPh - State News Editor
Carmen A. Catizone, MS, RPh - National News Editor
& Executive Editor
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KENTUCKY BOARD OF PHARMACY

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

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