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Kentucky Board of Pharmacy NEWS

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23 Millcreek Park
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2002 Pharmacist License Renewals

License renewals for 2002 were mailed to all Kentucky Board of Pharmacy licensed pharmacists in early January. Pharmacists continuing to practice after the February 28, 2002 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, 2001, at their primary place of practice for review by the pharmacy and drug inspectors.

Pharmacy Permit Renewals

Pharmacy permits expire on June 30, 2002. Renewal applications will be mailed out in early May to all pharmacies or corporate coordinators in order to allow time for processing. Failure to submit your renewal application by June 15, 2002, may result in unnecessary interruption of deliveries to your pharmacy. All incomplete applications will be returned. Incomplete applications may include: (1) failure of pharmacist-in-charge and/or owner to sign application; (2) failure to enclose the proper fee; and (3) failure to provide the US Drug Enforcement Administration information, and other required information.

Pharmacist Recovery Network (PRN)

Submitted by Brian Fingerson

The year 2001 was the most "productive" in the history of the Pharmacist Recovery Network (PRN). I say that because we offered 17 contracts of help in 2001. Fifteen of the 17 were signed and returned by pharmacists asking for help. The two that were refused were people who chose to go on their own and are no longer involved in either the study or practice of pharmacy. Fourteen of the 17 were people new to the network. That means that there are 14 people who chose to lessen their suffering from the negative consequences of the disease of addiction. There were a couple of people who were not strangers to the network but who had chosen not to do what they had been taught. They suffered consequences for their actions.

The biggest struggle still for our PRN is getting out the word to pharmacists throughout the Commonwealth that help is available. Pharmacists with this disease need not go it alone. Please, if you or anyone you know needs help, call 1-888/392-4621. We are so fortunate in Kentucky that the Board of Pharmacy supports the efforts of this network to help those who need help.

Percocet Strength-Revisited

First, it was new strengths of oxycodone coming out; now, we have new strengths of acetaminophen as well. The two new strengths contain 7.5 mg/325 mg and 10 mg/325 mg of oxycodone/acetaminophen. This now makes six different strengths of Percocet: 2.5/325, 5/325, 7.5/325, 7.5/500, 10/325, and 10/650 mg. Alert licensed practitioners to include both the oxycodone and acetaminophen strengths when they prescribe Percocet. Please be reminded that a pharmacist who is presented a prescription for Percocet on which the oxycodone is the only strength designation may contact the prescriber and obtain the strength of the acetaminophen. The pharmacist should document the conversation held with the prescribing practitioner, indicating the date, time, and any additional comments of the prescriber on the back of the original hard copy prescription.

Biennial Inventory

Every two years following the date of the registrant's initial inventory, a new written inventory shall be taken. The information required on the biennial inventory should contain the following at a minimum: (1) name, address, and Drug Enforcement Administration number of the registrant; (2) date and time the inventory was taken, ie, opening or closing of the business; (3) signature of the person or persons responsible for taking the inventory; (4) records for Schedule II controlled substances must be separated from those for all other controlled substances; and (5) inventory records must be maintained at least five years.

When taking the inventory of Schedule II controlled substances, an exact count or measure must be made. When taking the inventory of Schedules III, IV, and V controlled substances, an estimated count may be made. If the container holds more than 1,000 dosage units, an exact count must be made if the container has been opened. The inventory must include all controlled substances in stock on the inventory date, including out-of-date drugs, drugs stored in an operating room, emergency room, emergency kits, and/or other units.

Occasionally, a drug that has not been previously controlled will be placed in one of the drug schedules. When this occurs, the drug must be inventoried within 30 days of the effective date of scheduling and this inventory added to the biennial inventory.

Transferring Controlled Substances to a Practitioner or Another Pharmacy

Schedule II Controlled Substances

1. Purchaser must fill out a Drug Enforcement Administration (DEA) Order Form 222 and give copies one and two to seller.
2. Seller completes the order form and mails copy two to the DEA at: Drug Enforcement Administration, Federal Building Room 1006, 600 Dr Martin Luther King, Jr Place, Louisville, KY 40202.

Continued on page 4

Continued from page 1

3. Seller files copy one separately from other records. (Recommendation: file with other DEA Form 222s.)
4. Purchaser completes copy three and files separately from other records. (Recommendation: file with other completed order forms.)

Schedule III, IV, or V Controlled Substances

1. Purchaser or seller provides an invoice or purchase order.
2. The invoice or purchase order should include:
   a. Seller's name, address, and DEA number;
   b. Purchaser's name, address, and DEA number;
   c. Date of transfer;
   d. Drug name, strength, and form; and
   e. Quantity.
3. Seller and purchaser file invoice or purchase order readily retrievable from other business records. (Recommendation: file with other CIII-CV invoices.)
4. Purchaser's initials recommended; indication to seller that drugs were received.

Transfers for controlled substances and non-controlled substances to practitioners may not be made upon a prescription. Remember, a prescription must be for a legitimate patient for a legitimate medical purpose. Prescriptions for "office use" or "Patient is Dr Smith," where Dr Smith is the prescriber are not valid prescriptions and/or transfers. Legend drugs, including controlled substances, when ordered by a licensed practitioner must be sold through an invoice so there is always a paper trail of the transfer. Invoice records must be kept for a minimum of five years.

The transfer of legend drugs, including controlled substances to licensed practitioners or pharmacies, cannot exceed 5% of the total dollar volume of the pharmacy's annual prescription drug sales. If the total volume exceeds 5%, then the pharmacy must be licensed as a wholesaler with the Board of Pharmacy.

Drug Deliveries

The Board office was recently contacted by an employee of Lexmark International Corporation at one of its branch offices. The plant had received several shipments of legend drugs, including controlled substances, from various sources and all delivered by United Parcel Service (UPS). The plant refurbishes IBM/Lexmark printer cartridges, and many of the mis-delivered drugs are packaged in Lexmark cartridge boxes. The investigation is currently ongoing, but it appears that pharmacies are shipping outdated drugs, including controlled substances and over-the-counter items, in these boxes to various reverse distributors for destruction. UPS is apparently scanning the bar codes on the boxes instead of the UPS label, and the boxes are being delivered to the Lexmark plant in Kentucky. So far the Board office has confiscated seven boxes that have been misdirected to the Lexington location. We also believe that in the drug warehouses where outdated drugs/merchandise may be awaiting shipment to a reverse distributor for destruction, the boxes are somehow being placed with boxes of Lexmark cartridges on wooden carts to be shipped to Lexmark. Warehouse personnel should be made aware of this possibility.

Pharmacists should be aware and pay special attention when pharmaceuticals are being returned. The box should not contain any markings, ie, bar codes or numbers that could easily misdirect the box.

Also, on this same subject, is the signing for receipt of controlled substances. On review of Drug Enforcement Administration Form 106 (theft/loss form), the Board office has noticed an alarming number of losses upon opening the received drug orders. The problem is compounded if the pharmacist signs for the receipt of the order without verifying its contents with the invoice.

For every box delivered to your pharmacy, the seal should be distinctively intact; if not, it should be noted with the delivery person. Next, open the box and verify its contents with the invoice. You and the delivery person should note any discrepancies on the invoice. If the delivery person refuses to note the discrepancy, then do not accept the shipment unless you are prepared to complete a DEA Form 106.

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