

newsletter to promote pharmacy and drug law compliance

## 2024 Board Officers

The Kentucky Board of Pharmacy has elected Jonathan Van Lahr as president and Anthony Tagavi as vice president for 2024. This is Van Lahr's first term as president and his fourth year on the Board. This is Tagavi's first term as vice president and his third year on the Board.

## 2024 Board Meetings

2024 Board meetings will begin at 10 AM ET. The meeting location is subject to change but will be posted on the Board's website in advance. Pharmacists and the public are invited to attend. Should you wish to have a matter considered by the Board, kindly provide the information to the Board office no less than 14 days before the meeting date. Board agendas will be posted prior to the meeting date.

#### Location:

First Floor Conference Room, Justice and Public Safety Cabinet Building, 125 Holmes St, Frankfort, KY 40601, in person, and virtual via Zoom.

#### **Upcoming Board Meeting Dates:**

- March 27, 2024
- May 22, 2024
- July 23, 2024 Board Retreat 9 AM-4:30 PM, located at the Kentucky Department of Transportation Auditorium, 200 Mero St, Frankfort (continuing pharmacy education will

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#### **Read National News**

be available and the agenda will go out via email blast closer to the date).

- July 24, 2024
- September 25, 2024
- November 20, 2024

## 2024 Pharmacy Technician Registration Renewals

Pharmacy technician registrations expire on March 31, 2024. As a reminder, no person shall assist in the practice of pharmacy unless they are duly registered as a pharmacy technician or are exempt under Kentucky Revised Statutes (KRS) 315.135(2). Every pharmacy technician shall keep their current certificate of registration conspicuously displayed in the technician's primary place of employment. The Board encourages online registration renewal. **Renewal applications will not be mailed out; however, a renewal application may be printed from the Board's website:** *www.pharmacy.ky.gov.* 

Notice of Facility Fee Increases, Effective December 13, 2023	
Pharmacy (all types) Includes Clinical Permit, MedGas Permit, Charitable Permit	\$150
Pharmacy Renewal	\$150
Delinquent Renewal Penalty for Pharmacy	\$150
Change of Ownership or Address of a Pharmacy, Manufacturer, or Wholesaler	\$150
Manufacturer	\$150
Manufacturer Renewal	\$150
Manufacturer Delinquent Penalty	\$150
Wholesale Distributor	\$150
Wholesaler Renewal	\$150
Wholesaler Delinquent Penalty	\$150
Third-Party Logistics Provider (3PL)	\$400
3PL Renewal	\$400
3PL Delinquent Fee	\$150
3PL Change of Ownership or Address	\$150

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# **Updates to Board-Authorized Protocols**

On January 24, 2024, the Board approved revisions for the following Board-authorized protocols: ACUTE GROUP A STREPTOCOCCAL (GAS) PHARYNGITIS INFECTION PROTOCOL v5 and ACUTE INFLUENZA INFECTION: ANTIVIRAL THERAPY PROTOCOL v6. For the past several months, the Protocol Review Committee has been working diligently to review and update these protocols to ensure that they are aligned with 201 Kentucky Administrative Regulations (KAR) 2:380 and with current clinical guidelines. The latest versions approved by the Board have been posted here. Any pharmacy that has been utilizing a previously approved version is expected to use the latest version of a Board-authorized protocol to ensure compliance with 201 KAR 2:380(2)(1)(b):

A pharmacist or pharmacists utilizing a protocol may initiate the dispensing of noncontrolled medications, over-the-counter medications, or other professional services under the following conditions: (b) Directs the care, based on current clinical guidelines, for conditions listed in Section 5 of this administrative regulation;

You can submit your fully executed protocol for the registry at pharmacy.board@ky.gov.

# The Rising Threat of Fraudulent EPCS

In recent years, the health care industry has undergone a significant transformation with the adoption of electronic health records (EHRs) and electronic prescribing (e-prescribing) systems. While these advancements have streamlined processes and improved patient care, they have also given rise to new challenges, one of which is fraudulent electronic prescriptions for controlled substances (EPCS). This emerging threat poses serious risks to public safety and requires pharmacists to remain vigilant.

The transition from paper-based prescriptions to electronic systems was intended to enhance security and accountability in prescribing of controlled substances (CS). However, cybercriminals and unscrupulous individuals have found ways to exploit vulnerabilities in the electronic prescribing infrastructure.

### Methods of Fraudulent Prescribing

#### **Stolen Credentials**

Cybercriminals often target health care professionals' login credentials to gain unauthorized access to EHRs and e-prescribing systems. Once inside, they can manipulate patient records and issue fraudulent prescriptions for CS.

#### **Prescriber Identity Theft**

Similar to identity theft involving financial crimes, cybercriminals are now targeting health care professionals for their prescribing credentials. Cybercriminals have learned they can steal a health care professional's identity to create fraudulent electronic prescribing accounts. They can rapidly generate false prescriptions using fake patient identifiers and transmit the false prescriptions to

hundreds of pharmacies across the nation. The cybercriminal may be working with runners or drug trafficking organizations embedded locally to pick up the resulting drug dispensation.

### **Compromised Systems**

In some cases, poorly secured e-prescribing systems or networks can be compromised, allowing hackers to manipulate prescription data or create entirely fake prescriptions.

### **Collusion With Health Care Providers**

In rare instances, dishonest health care providers may collaborate with criminals to issue fraudulent electronic prescriptions. This can involve prescribing CS without a legitimate medical need or forging prescriptions in exchange for financial gain.

#### **Recent News**

A 21-year-old Florida man allegedly used credentials of prescribers, hacking into electronic prescribing accounts and obtaining prescribing privileges, to issue tens of thousands of prescriptions. These prescriptions included oxycodone and promethazine with codeine. Officials state that this individual led an elaborate, multistate conspiracy that fraudulently compromised the e-prescribing credentials of doctors throughout the United States and then used those credentials to issue tens of thousands of prescriptions for narcotics nationwide. The prescriptions were issued for fictitious patients and sent to both chain and independent pharmacies. For more information, visit the US News website.

#### **Implications for Pharmacists**

Pharmacists have a legal corresponding responsibility to ensure that the CS prescriptions they fill are issued for a legitimate medical purpose. Pharmacists who ignore red flags that may indicate the prescriptions they fill are not valid put patient health at risk and subject themselves, their licenses, and their pharmacies to enforcement action. Pharmacists must understand their corresponding responsibility by identifying and resolving prescribing red flags utilizing the information they have or can obtain before filling prescriptions. They can find themselves on Drug Enforcement Administration's (DEA's) radar for failing to resolve red flags and subject their pharmacy to an on-site inspection.

"To be valid, a prescription for a controlled substance shall be issued only for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice. Responsibility for the proper dispensing of a controlled substance pursuant to a prescription for a legitimate medical purpose is upon the pharmacist who fills the prescription." (KRS 218A.180(3)(a))

"To be valid, a prescription for a controlled substance must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice, but the corresponding responsibility rests with the pharmacist who fills the prescription." (*Pharmacist's Manual* – DEA Diversion Control Division, July 20, 2022) Pharmacists play a crucial role in preventing fraudulent dispensing of CS, contributing to public safety, and the responsible use of these medications. Pharmacists and other health care professionals must stay ahead of these evolving challenges to maintain the integrity of EPCS and ensure the safe and responsible prescribing and dispensing of CS to patients.

### What to do if you receive a potentially fraudulent prescription (EPCS or paper)?

**Step 1.** Attempt to confirm whether the prescription is fraudulent by contacting the alleged prescriber. Use a trusted source to obtain the contact information, such as a licensure board online verification service, a National Provider Identifier look-up tool, or your pharmacy management software's online prescriber verification solution like LexisNexis VerifyRX.

Step 2. Report all confirmed forgeries to your local law enforcement agency pursuant to KRS 217.214.

**Step 3.** Report all suspected/confirmed forgeries to Kentucky's Drug Enforcement and Professional Practices Branch (DEPPB) for further investigation and tracking. When contacting DEPPB, provide the name of the local law enforcement agency or officer in your correspondence.

#### DEPPB: eKASPER.Admin@ky.gov or phone 502/564-7985

If the prescription was filled and you discover later that the prescription was a forgery, complete steps 2 and 3. The fraudulently dispensed prescription must remain in Kentucky All Schedule Prescription Electronic Reporting (KASPER).

You may also report confirmed EPCS forgeries to federal law enforcement agencies, including your local DEA Diversion Control office, US Department of Health and Human Services (HHS) Office of Inspector General (OIG), and the Federal Bureau of Investigation (FBI) Internet Crime Complaint Center.

DEA

#### HHS-OIG

FBI

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