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Kentucky Board of Pharmacy

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Frankfort, KY 40601-9230

Improper Prospective DUR Violation

Submitted by Philip C. Losch, Pharmacy and Drug Inspector

Recently, the Kentucky Board of Pharmacy received a consumer complaint alleging a medication error involving Coumadin. It seems that a prescription for Coumadin 7.5 mg was dispensed when the physician reportedly prescribed Coumadin 2.5 mg. The patient ended up in a hospital with uncontrollable bleeding.

Upon initial investigation, the original prescription that was written by the physician was reviewed. It was obviously written for Coumadin 7.5 mg even though the physician maintained that he prescribed Coumadin 2.5 mg. Upon further investigation of the patient's profile, it was discovered that the patient was an 83-year-old female who had been receiving Coumadin 2.0 mg for eight months from the same pharmacy. Therefore, the issue of improper prospective drug use review (DUR) was reviewed. The Board could not identify a violation involving a medication error in the review of the written prescription, but proper prospective DUR should have identified this potential adverse event.

Kentucky regulation 201 KAR 2:210 (4) is clear about the requirement of a pharmacist to provide a prospective DUR on **“the assessment of a patient's therapy, proper dose, and optimum therapeutic outcomes.”** Since this pharmacy had a dispensing history for eight months of Coumadin 2.0 mg therapy, a dose increase to Coumadin 7.5 mg should have been questioned by the pharmacist. This represents nearly a four-fold increase in dose.

What may appear to be an appropriate dose for one patient may have a devastating effect on another. It is strongly recommended that before you hit the “override” key, stop and think. . . . Do I need to review further? After all, pharmacy may be thought of as a product-oriented profession by others, but truly we as pharmacists know it to be service-oriented as well. Take the time to provide those services that will positively impact your patient's outcomes.

Partial Filling of a Schedule II Prescription

The following information was reported in the May/June 2001 National Association of Boards of Pharmacy® (NABP®) *Newsletter*. Pursuant to US Drug Enforcement Administration (DEA) regulation 21 C.F.R. 1306.13 (a), the partial filling of a prescription for a controlled substance listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity prescribed. The regulation expresses that the remaining portion of the prescription must be filled within 72 hours of the first partial filling or the prescription becomes void.

Patricia M. Good, chief, Liaison and Policy Section, Office of Diversion Control, DEA, responded to the following questions from NABP regarding the partial filling of a Schedule II prescription. The first question was as follows: If a pharmacist requires additional time to determine the legitimacy of a prescription for a Schedule II controlled substance, may the pharmacist dispense a partial (for example, a 24-hour) supply of the Schedule II controlled substance and then fill the prescription for the balance within 72 hours of the first filling, while using the intervening period to fully explore the legitimacy of the prescription? The response was as follows: The pharmacist would be in compliance with the regulation because the actions by the pharmacist are reasonable and appropriate. The second question was as follows: A patient receives a prescription for a Schedule II controlled substance, and the patient is not prepared to pay the costs associated with the filling of a large quantity prescribed or is not sure the total prescribed quantity is necessary. Can a pharmacist dispense a partial quantity and then dispense the remaining supply within 72 hours if requested by the patient? The response was as follows: It appears that the phrase “unable to supply” would apply in this situation also. Therefore, the pharmacist would be in compliance with the partial filling regulation. Further, federal regulations are not intended to prevent a patient from obtaining medications that have been appropriately prescribed by an authorized practitioner.

Ms Good's responses open up possibilities for pharmacists in their efforts to provide the best care in meeting patients' needs and also deter controlled substance diversion.

Transfer of Prescription Information

In its regular meeting on June 13, 2001, the Board issued an opinion regarding 201 KAR 2:165 when prescription information is communicated between two pharmacists. The Board opined that the names of the pharmacists involved in the transfer of prescription information means first name and last name.

News from the Impaired Pharmacists Committee

Submitted by Brian Fingerson

The profession of pharmacy is rife with acronyms. For example, in 1998 the Board of Pharmacy established an Impaired Pharmacists Committee (IPC). This committee consists of members appointed by the president of the Board. It meets the day before each regularly scheduled Board meeting to discuss current cases of pharmacists/

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interns under Agreed Orders with the Board and/or under contract with Kentucky Pharmacist Recovery Network (KyPRN). It also provides another source of information to the Board when a pharmacist under suspension appeals to the Board for reinstatement. KyPRN is a support network for pharmacists and interns who are in recovery from the disease of chemical dependency. KyPRN is part of a national network coordinated through the American Pharmaceutical Association (APhA).

The Southeast Pharmacists Recovery Network (SEPRN) has an annual meeting to be held November 9-11, 2001, in Atlanta, Ga, for the purpose of fellowship, continuing education, food, and fun. International Pharmacists Anonymous (IPA) is patterned after International Doctors in Alcoholics Anonymous (IDAA) and consists of more than 1,000 members. The only requirement for membership is belonging to a 12-step fellowship. It is another way for pharmacists in recovery to share their experiences, strengths, and hopes with one another. Addictions PinG is a Practitioner Interest subgroup of APhA for pharmacists who may wish to specialize in a practice dealing with addictions.

Anyone wishing for more information on any of these groups or meetings, should feel free to page Brian Fingerson at 1-888/392-4621 or to access some of the information on the Internet at www.APhAnet.org. If you or anyone you know has a problem with substance abuse, please call Brian Fingerson for confidential help.

The Doughty Hartman Fund

Past Board of Pharmacy member Gloria Doughty recently established a fund designed to honor her late husband Dick and her father J. W. Hartman. The fund is designed as an endowed fund to grant an award to a student who "has demonstrated creative use of media to inform the public about the role of the pharmacist or the profession of pharmacy or who has worked to improve the interrelationship of allied health professions through the use of media." Although no awards have been made to date, it is Mrs Doughty's intention to ensure that the funds are available to bestow this award, beginning with the next academic year. If anyone would like more information about this or other worthwhile University of Kentucky College of Pharmacy Funds, please contact Caroline C. Barrow at 859/323-7601.

Electronic Prescriptions

The Board, during its regularly scheduled meeting on July 11, 2001, discussed and approved the use of electronically generated prescriptions with electronic prescriber signatures for **non-controlled substance** prescriptions. If you receive prescriptions with an electronic signature via your fax machine, treat them as telephone prescriptions; use your professional judgment, and, if necessary, verify the prescriptions with the prescriber's office. In all cases with electronic signatures, you may wish to identify ways of guaranteeing the authenticity of the prescription.

Current federal and state regulations **do not** permit prescriptions for controlled substances to be transmitted electronically. Prescriptions presented to pharmacists for controlled substances that contain an electronic signature are invalid. Controlled substance prescriptions transmitted to a pharmacy via facsimile shall be manually signed by the practitioner and contain all the information required in 902 KAR 55:105 Section 4.

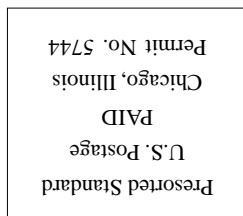
Brian Fingerson Receives KPhA Distinguished Service Award

Congratulations to Brian Fingerson on receiving the Distinguished Service Award during Kentucky Pharmacist Association's (KPhA) Annual Meeting in June. The KPhA Distinguished Service Award recognizes individuals who have made significant contributions to the Association and/or profession over an extended period of time. Brian has been involved in the impaired pharmacists recovery program for many years. He was instrumental in getting legislation passed regarding substance abuse and the formation of the Impaired Pharmacist Committee. Through his tireless efforts, many pharmacists have been able to return to the practice of pharmacy.

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