



# Kansas State Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## Announcements

- ◆ At its meeting on August 17, 2017, the Kansas State Board of Pharmacy adopted the Exempt Anabolic Steroids List published by Drug Enforcement Administration (DEA) on February 5, 2015. This list will be available on the Board's website under "Legal: Reports & Guidance Documents."
- ◆ The Board permanently adopted K.A.R. 68-7-23, allowing dispensing of emergency opioid antagonists pursuant to a statewide protocol. For more information, please review the Board's June 2017 *Newsletter*.
- ◆ Coming soon! The Board is considering several new and amended regulations, which will be available for public comment. To stay up to date, visit <http://pharmacy.ks.gov/statutes-regs/proposed-changes> on the Board website.
- ◆ National Prescription Drug Take-Back Day is October 28, 2017, from 10 AM to 2 PM. For more information, visit DEA's website at [https://www.deadiversion.usdoj.gov/drug\\_disposal/takeback](https://www.deadiversion.usdoj.gov/drug_disposal/takeback).

## Board Members Appointed

The Board is pleased to announce Governor Sam Brownback's appointment of Bill Walden, RPh, and Jonathan Brunswig, PharmD, to the Board and the reappointment of Cheri Pugh as the Board's public member. They will each serve a four-year term, ending in 2021.

Mr Walden has been employed at Iola Pharmacy, Inc, in Iola, KS, since 1990 and became a partner in 1993. Iola Pharmacy, Inc, has five divisions of business: Iola Pharmacy, Iola Pharmacy Clinic, GeriCare LTC, Hospital Pharmacy Management, and Iola Respiratory and Home Medical. Mr Walden is a native of Iola and received his bachelor of science degree in pharmacy from the University of Kansas School of Pharmacy in 1990.

Dr Brunswig is an independent retail pharmacy owner in western Kansas with locations in Leoti, Scott City, and Dighton. In addition to the retail business, he is a consultant pharmacist for several rural hospitals, nursing homes, and assisted living facilities. Dr Brunswig is a native of Tribune, KS, and is a graduate of the University of Kansas School of Pharmacy. He attained his bachelor of pharmacy

degree in 1996 and his doctor of pharmacy degree in 1998. Dr Brunswig served as president of the Kansas Pharmacist Association in 2003. His retail pharmacy in Scott City was awarded National Health Mart Pharmacy of the Year in 2006. In addition, he has served on the National Advisory Board for Health Mart, been a member of the Scott City Council as a councilman, and served on the Scott County Economic Development Committee.

Ms Pugh is from Wamego, KS, and graduated with distinction from the University of Kansas with a bachelor of arts degree in history and a minor in political science. She is a member of Kappa Alpha Theta and Phi Beta Kappa. Ms Pugh is a broker and co-owner of McPeak and Pugh Real Estate in Wamego, and she was Broker of the Year for the Manhattan Kansas Association of Realtors in 2013. She is currently the president of the Wamego Hospital Foundation and has taken a lead role in fundraising for the hospital's expansion and renovation. Ms Pugh and her husband, an attorney, have four grown children and several grandchildren.

## Pharmacy Technician Continuing Education and Renewals

### Continuing Education Requirements

If your Kansas pharmacy technician registration expires October 31, 2017, you must complete 10 hours of continuing education (CE) before you renew. Those 10 hours must be earned between September 1, 2015, and the day you renew in 2017. There is no grace period for completion of CE.

CE may be approved for pharmacists or pharmacy technicians, or may be earned for national certification. However, all CE must be approved by one of the following:

1. Accreditation Council for Pharmacy Education: To receive credit, register for **CPE Monitor**® on the National Association of Boards of Pharmacy® website.
2. Another state board of pharmacy: To receive credit, submit a copy of your certificate of completion to the Kansas Board within 30 days of course completion.

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## **WHO Launches Global Patient Safety Challenge on Medication Safety**

To reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years, the World Health Organization (WHO) has launched a worldwide initiative, the Global Patient Safety Challenge on Medication Safety. Medication errors cause at least one death every day and injure approximately 1.3 million people every year in the United States. In addition, low- and middle-income countries are estimated to have similar rates of medication-related adverse events as high-income countries.

The Global Patient Safety Challenge on Medication Safety aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring, and use. WHO intends to provide guidance and develop strategies, in addition to plans and tools to ensure that the medication process has the safety of patients at its core in all health care facilities.

Previous WHO Global Safety Challenges have included the Clean Care is Safer Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008. Additional information is available in the WHO press release available at <http://who.int/mediacentre/news/releases/2017/medication-related-errors/en>.

## **Continuous Quality Improvement and Patient Safety Organizations**

 *This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting [www.ismp.org](http://www.ismp.org). ISMP provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at [www.ismp.org](http://www.ismp.org). Email: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

Data from the ISMP Medication Errors Reporting Program reveals that medication-related problems are repetitive in nature. An incident of misuse in one setting is likely to repeat itself in another. Most importantly, the system changes that are necessary to prevent errors are similar, and a growing body of literature is available to guide these efforts. Tragically, too many organizations and individual providers do not believe similar incidents could happen to them. They fail to use information about errors occurring elsewhere as a roadmap for improvement in their own organization or practice. It is not until a serious error hits home that aggressive prevention efforts are implemented. With so much evidence-based information about error prevention at hand, there is little excuse for reacting to errors after they happen instead of preventing them.

The development and implementation of continuous quality improvement (CQI) efforts should be the highest priority in all pharmacies. Such efforts must be aimed specifically at preventing

well-known and repetitive dispensing errors. Pharmacies should seek out medication safety information and use it proactively to prevent medication errors. At the same time, safety issues recognized internally and/or reported by patients should be documented and analyzed, with a process to determine the best strategies to prevent future problems and methods to ensure implementation. An annual survey to assess consumer perceptions of the quality of pharmaceutical products and professional services could supply additional information upon which to base improvement strategies. For more information on CQI programs, visit Section 7 of Model Rules for the Practice of Pharmacy in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*.

Informational tools like the *ISMP Medication Safety Alert!* publication, or ISMP's *Quarterly Action Agenda*, which is a readily available list of medication problems compiled from the nation's reporting programs, can be a backbone of any CQI effort. The very purpose of the ISMP Medication Errors Reporting Program – indeed the purpose of any type of safety reporting program and the expert recommendations that stem from it – is to guide the implementation of quality improvement initiatives by practitioners and organizations.

It is important that certain information from the CQI proceedings and records of review be protected from discovery. Patient safety organizations (PSO) are organizations that share the goal of improving the quality and safety of health care delivery. Patient Safety Work Product (PSWP) is the information protected by the privilege and confidentiality protections of the Patient Safety Act and Patient Safety Rule. PSOs serve as independent, external experts who can collect, analyze, and aggregate PSWP locally, regionally, and nationally to develop insights into the underlying causes of patient safety events, thus improving quality by identifying and reducing the risks and hazards associated with patient care. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of patient safety events.

For more information on PSOs, visit <https://www.pso.ahrq.gov/faq>.

## **NCPDP Releases Guide to Ensure Patients Get Their Medications During a Disaster**

The National Council for Prescription Drug Programs (NCPDP) released the *NCPDP Emergency Preparedness Information* guide to assist pharmacists and other health care providers during a declared emergency. Prepared by the NCPDP Emergency Preparedness Committee, the guide provides resource information for eligibility and claims processing affecting displaced individuals. The guide is available at [www.ncdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation\\_v1\\_4.pdf](http://www.ncdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation_v1_4.pdf). Additional information for pharmacists about emergency preparedness is available on the NCPDP website at [www.ncdp.org/Resources/Emergency-Preparedness](http://www.ncdp.org/Resources/Emergency-Preparedness).

## **FDA Warns of Illnesses and Deaths in Pets Exposed to Fluorouracil**

Food and Drug Administration (FDA) is alerting pharmacists that patients' pets are at risk of illness and death when exposed to the topical cancer medication fluorouracil cream USP 5% (5-FU) that is intended for use in people. Fluorouracil may also be marketed under the brand names Carac®, Efudex®, and

News to a particular state or jurisdiction can only be ascertained  
such state or jurisdiction.

Fluoroplex®. Very small amounts could be dangerous to household pets; thus, patients should use care when applying and storing the medication. FDA has received reports of five dogs that became ill and died after accidentally ingesting the topical cream, notes a Center for Veterinary Medicine Update available at [www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm537434.htm](http://www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm537434.htm).

Although FDA has not received any reports involving cats to date, cats are also expected to be extremely sensitive to fluorouracil cream. For instance, if an owner applies fluorouracil cream to an afflicted area and touches his or her cat, the cat may accidentally ingest the medication when grooming itself and suffer adverse events.

FDA advises that pharmacists who fill these prescriptions should advise patients with pets to prevent exposing their pet to the medication. Adverse events may be reported to FDA using the Form FDA 1932a, which may be obtained at [www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm055305.htm](http://www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm055305.htm).

### **FDA Revises Final Guidance Documents on Bulk Drug Substances Used in Compounding**

In January 2017, FDA issued revised versions of two final guidance documents regarding the use of bulk drug substances in compounding.

- ◆ Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act
- ◆ Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act

FDA clarified that the policies described in the guidances do not apply to inactive ingredients. Inactive ingredients are not included in the definition of a “bulk drug substance” and can be used in compounding without appearing on the bulk drug substances lists developed under sections 503A or 503B of the Federal Food, Drug, and Cosmetic Act, if all applicable conditions are met.

As indicated on its website at [www.fda.gov/Drugs/DrugSafety/ucm502075.htm](http://www.fda.gov/Drugs/DrugSafety/ucm502075.htm), FDA will also provide regular updates to the categories of bulk drug substances described in the guidances. FDA previously stated that it would not evaluate new nominations for placement in one of the three categories until after it completed its review of substances already nominated with adequate supporting information.

Now, the guidances state that FDA will determine after submissions are received whether new nominations, including renominations of substances with additional supporting information, have sufficient information for FDA to review them. After making that determination, FDA will place nominated substances in the appropriate category on FDA’s website. FDA intends to update the categories with any new nominations the first business day of each month. This revised policy will further minimize unnecessary disruptions to patient treatment while FDA develops the lists of bulk drug substances for use in compounding.

The guidances are available online at [www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf) and [www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469122.pdf](http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469122.pdf).

### **APhA Resource Guide Applies JCPP Pharmacists’ Patient Care Process to Immunization Services**

The American Pharmacists Association (APhA) published a resource guide that applies the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process to pharmacy-based immunization services. The components of the Pharmacists’ Patient Care Process to collect, assess, plan, implement, and follow-up should be implemented as routine practice along with the National Vaccine Advisory Committee Standards for Adult Immunization Practice, as noted in the resource guide, *Applying the Pharmacists’ Patient Care Process to Immunization Services*. “[P]harmacists and other vaccine providers need to strive to constantly improve collaboration, communication, and documentation,” indicates the APhA guide. For more information, visit the APhA Immunization Center at [www.pharmacist.com/immunization-center](http://www.pharmacist.com/immunization-center).

### **CPE Training on Older Adult Fall Prevention Available Online**

Developed in collaboration with the Centers for Disease Control and Prevention (CDC) and the APhA, the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is offering continuing pharmacy education (CPE) training for pharmacists to prevent falls in adults 65 and older. The training will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education. To participate in the free online training, “STEADI: The Pharmacist’s Role in Older Adult Fall Prevention,” visit the CDC website at [www.cdc.gov/steadi/training.html](http://www.cdc.gov/steadi/training.html) for more information.

### **New FDA Drug Info Rounds Training Video Addresses the Combat Methamphetamine Epidemic Act**

Drug Info Rounds, a series of online videos by FDA, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the latest Drug Info Rounds video, “Combat Methamphetamine Epidemic Act,” pharmacists discuss the legal requirements for the sale of over-the-counter drug products that contain pseudoephedrine. Drug Info Rounds was developed with contributions from pharmacists in FDA’s Center for Drug Evaluation and Research (CDER), Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm).

### **FDA Presents Series of CE Webinars for Students and Clinicians**

FDA’s Division of Drug Information in the CDER presents a series of continuing education (CE) webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA’s role in medication error prevention and prescription drug labeling. The webinars and presentation slides can be accessed on FDA’s website at [www.fda.gov/DDIWebinars](http://www.fda.gov/DDIWebinars).

3. The Kansas Board: To get CE approval from the Kansas Board, submit a request for approval to the Board at least 10 days prior to the course using the [E-200 Request Form](#). A list of [pre-approved Kansas CE courses](#) is also available on the Board website. To receive credit, submit a copy of your certificate of completion to the Board within 30 days of course completion.

If your Kansas pharmacy technician registration expires October 31, 2018, you will need to have completed 20 hours of CE (or the prorated amount of CE based on the issue date and expiration date of your technician registration). This CE will need to have been earned between September 1, 2016, and the date of renewal.

### Pharmacy Technician Renewal 2017

Pharmacy technicians with licenses expiring October 31, 2017, can renew online beginning in early September.

Renewal instructions are as follows:

- ◆ Visit <http://pharmacy.ks.gov> and click “[Technician Renewal](#).”
- ◆ Under New User Registration, click “Sign-Up” and create a username and password.
- ◆ Log in to your new account and select “Renew License.”
- ◆ Review and update information, answer disciplinary questions, and submit the renewal.
- ◆ Use the Board’s secure online payment portal to pay \$20 plus a small transaction fee by credit/debit card or electronic check, **or** follow the instructions to print and mail a \$20 check or money order to the Board.
- ◆ Allow 10 business days for the Board to process your renewal.
- ◆ Visit the Board’s [License Verification](#) web page to check for an updated expiration date.

**Failing to renew on or before 11:59 PM CST on October 31, 2017, will result in the registration being canceled.** Canceled technicians will be required to complete a new application and fingerprint card to continue working (\$67 cost).

Pharmacies utilizing/employing technicians with canceled registrations will be in violation of the Kansas Pharmacy Practice Act and may be disciplined by the Board.

### **Can I Fill a Prescription Written by a Pharmacist in Another State?**

The short answer is “no.” Kansas does not recognize prescriptive authority for pharmacists. Therefore, a Kansas pharmacist cannot fill or transfer a prescription written by a pharmacist in another state.

So how does this premise carry across to other practitioner types? In essence, if the exact way they are licensed/registered and required to practice in their state matches Kansas’ requirements to be eligible for prescriptive authority, then their prescription would be valid in our state. Some examples include:

- ◆ A state-licensed physician who saw the patient in the state in which the physician is licensed.
- ◆ A state-licensed dentist who saw the patient in the state in which the dentist is licensed and is prescribing within his or her scope of practice.
- ◆ A state-licensed mid-level practitioner who is working under protocol of a physician licensed in the same state, saw the patient in the state in which the mid-level practitioner is licensed, and is prescribing within his or her protocol guidelines.

Notice in the last example that the mid-level practitioner must be working under a signed protocol to a supervising physician. This is a practice requirement for a Kansas mid-level practitioner. If the mid-level practitioner is licensed in a state that does not require him or her to practice under a protocol with a supervising physician, then his or her prescription would not be valid in Kansas.

For physicians who are providing telemedicine services, they must be licensed in both the state where they are located and the state in which they are providing the services (where the patient is located).

### **Upcoming Events**

**November 8-9, 2017**

Board of Pharmacy Quarterly Meeting  
1000 SW Jackson, Suite 520, Topeka, KS