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Boards of Pharmacy and Healing Arts Issue Joint Statement Regarding Intravenous Therapy

In response to the rising trend of retail IV therapy clinics, the Kansas State Board of Pharmacy and Kansas State Board of Healing Arts collaboratively issued a statement highlighting critical concerns regarding patient safety and regulatory compliance in this emerging sector.

Retail IV therapy clinics have proliferated across the state, often offering a variety of pre-selected IV “cocktails” that include a mix of saline, vitamins, minerals, amino acids, and sometimes prescription medications. While these services claim to alleviate conditions such as dehydration, migraines, and to enhance athletic recovery, the Boards emphasize that IV therapy is a medical practice requiring licensed professionals.

A copy of the joint statement can be found on the Board website with other Guidance Documents at <https://www.pharmacy.ks.gov/home/showpublisheddocument/9864/639076353472870000>. The Board encourages pharmacy professionals to share this information with consumers and other healthcare professionals.

The Board of Pharmacy will investigate and, as appropriate, refer to appropriate regulatory agencies all complaints concerning IV or compounding practices. For additional information about how to file a complaint with the Board, please visit <https://www.pharmacy.ks.gov/forms-faqs/complaints>.

Board Authorizes Advanced EMT and Paramedic Access to Automation in Medical Care Facilities

At their February 2026 meeting, the Board adopted the following guidance pending further amendments to administrative regulations. A medical care facility pharmacy that manages an automated drug delivery system may allow an advanced emergency medical technician or paramedic to access the automated drug delivery system to retrieve drugs pursuant to K.A.R. 68-9-3 for administration to the patient. The advanced emergency medical technicians and paramedics shall be employed by the medical care facility that shares common

ownership with the medical care facility pharmacy. K.A.R. 68-9-3(f) sets out the pharmacist-in-charge's responsibilities, which include controlling access to the automated drug delivery system and maintaining policies and procedures for training and authorization of personnel.

The complete guidance document can be reviewed on the Board website at <https://www.pharmacy.ks.gov/home/showpublisheddocument/9894/639083163911767521>.

National News

Read the latest news from the National Association of Boards of Pharmacy
>> [Read National News](#)

Scam Alert: Be Cautious of Impersonation Calls

The Kansas State Board of Pharmacy has recently been informed by several licensees that individuals are calling and falsely claiming to represent the Board. These scammers may attempt to obtain personal or license-related information by posing as Board staff. Phone numbers may be masked to mimic the Board or State of Kansas.

Please be vigilant when receiving unexpected phone calls requesting sensitive information. The Board will not pressure you to provide confidential details over the phone.

If you receive a suspicious call:

- Do **not** provide personal, financial, or license information.
- Take note of the caller's name and contact information.
- When in doubt, verify the request before responding.

Contact the Board directly at pharmacy@ks.gov to confirm a communication was sent legitimately.

Additionally, for your reference, the first names of all Board staff members are publicly available on our website at www.pharmacy.ks.gov under the "About Us" section. Reviewing this page may help you identify whether a caller is accurately representing our office.

Your awareness is an important safeguard against fraud. Thank you for helping to protect your information and the integrity of your license. Please see below for an example of a situation recently brought to the Board:

Example Scam Call:

Scammer: Hello, my name is Jeff from the Kansas Board of Pharmacy calling for Gertrude. Your license is under investigation, and this is a serious matter.

Gertrude: I have not received any notification regarding disciplinary actions against my license before this call.

Scammer: Legal action is being taken against your license. We need your personal information to verify we have the right person.

Gertrude: I will contact the Board or my inspector for my area to verify this information before providing any information.

END CALL

Disclosure: The Kansas Board of Pharmacy will send email notification or written notification to licensees regarding any disciplinary actions or concerns about your license.

Announcements

- DEA National Drug Take Back Day is April 25, 2026: <https://www.dea.gov/takebackday>
- At their February 2026 meeting, the Board reaffirmed that licensees and registrants may cover or cut off the personal address printed on their license or registration when displaying it in the pharmacy.
- **Pharmacy Technicians that Expire on April 30, 2026** were granted a six-month extension to pass the pharmacy technician certification exam, and must send a copy of their PTCB or ExCPT exam certificate to the Board office prior expiration. Email may be sent to pharmacy@ks.gov.

Fees & Fine Payments Portal

You must receive a reference number from the Board before you can make a payment through the Board's payment portal. Fees are nonrefundable. Always access the portal directly from the Board's website and make sure you see a ".gov" address on the website link. <https://www.pharmacy.ks.gov/forms-faqs/helpful-links>

The portal cannot accept payments for the following:

- Renewal Fee – Online renewals are required to be completed through the eLicense Portal and will prompt payment at the end of the process.
- PTCB/ExCPT Application or Renewal Fees – The Board does not operate these programs.

The Kansas Board of Pharmacy Newsletter is considered an official method of notification to licensees and registrants of the Board. Newsletters have been and will continue to be used as proof of formal notification in administrative hearings. Copies are retained on the Board website at <https://www.pharmacy.ks.gov/about-us/newsletters>

TOPICS COVERED:

**Medication Disposal
Kansas Pharmacist Recovery Network (KsPRN)**

**Changes to Prescriptions
Emergency Kits in Schools**

This course meets the requirements of K.A.R. 68-1-1b for all pharmacists renewing KBOP licenses. Please read the content in this section in its entirety, then visit the evaluation link located on the last page of this section to assess your knowledge and complete the course. **This continuing education course expires June 30, 2028.**



This course is available for 0.5 hour of ACPE credit for pharmacists and technicians. The Kansas State Board of Pharmacy has collaborated with the Accreditation Council for Pharmacy Education to award continuing pharmacy education credit for this activity: KS7002-0000-25-002-H03-P and KS7002-0000-25-002-H03-T (0.5 contact hours, knowledge-based activity).

Dispose with Care: How Pharmacists Can Make a Difference

Billions of prescription medications are dispensed every year. Many of these medications are not finished for numerous reasons including adverse effects, improved symptoms, or changes in therapy. The result is an accumulation of leftover unused medications. Pharmacists are uniquely positioned to educate patients on the proper way to dispose of these medications.

K.A.R. 68-2-20 (e)(4)(F) states “The pharmacist shall counsel the patient or patient’s agent on those elements that, in the pharmacist’s professional judgment, are significant for the patient. These elements may include the following: proper storage requirements and disposal instructions.”

Medication disposal instructions are significant for many reasons. Improper medication disposal can pose significant risks to the environment and public health.

- **Water contamination:** Medications flushed down the toilet or poured down the drain ultimately find their way to rivers, lakes, and oceans. Contaminated water has an ecological impact and a direct risk to human health when used for drinking and agriculture purposes.
- **Antibiotic resistance:** Antibiotics disposed of inappropriately can encourage the development of resistant bacteria, making infections harder to treat.

- **Diversion and misuse of controlled substances:** Controlled substances, particularly opioids, benzodiazepines, and stimulants are commonly diverted from medicine cabinets of friends and family.
- **Accidental ingestion or poisoning:** Children, older adults, and pets are especially vulnerable to accidental ingestion of stored medications. Unintentional poisoning from medications is a leading cause of emergency room visits in children under six years of age. Even a single dose of certain opioids, cardiovascular medications, or hypoglycemics can be fatal.

The best way to dispose of most types of expired, unwanted, or unused medicines is through a drug take-back program. There are three types of drug take-back programs.

- **Collection Events:** The DEA sponsors National Prescription Drug Take Back Day annually in April and October in collaboration with law enforcement partners across the country.
- **On-Site Receptacles:** There are nearly 16,500 pharmacies, hospitals, and businesses, in addition to many police departments that offer safe medication disposal year-round. Consumers may safely dispose of their controlled and non-controlled substances in these receptacles. Information on permanent drop boxes can be found on the DEA website at the following link: [Every Day is Take Back Day](#).
- **Mail-Back:** A pharmacy may offer prepaid mail-back envelopes to customers to purchase or as a free community service. This option allows leftover drugs to be placed in the envelope and shipped directly to a destruction facility.

Take-backs are for individuals only. Hospitals and pharmacies cannot use take-back programs to dispose of their pharmaceuticals. The DEA take-back regulations only allow for the collection of medications from the individuals to whom they were prescribed.

When a take-back option is not easily available, there are two ways to dispose of medications at home, depending on the drug.

- **Flushing medicines:** The FDA has a flush list for certain medications that are sought after for their misuse or abuse potential and that can result in death from one dose if inappropriately taken. The flush list is available on the FDA website at the following link: [FDA Flush List](#). Don't flush medicine unless it is on the flush list!

The FDA believes that the known risk of harm to humans from accidental exposure to the medications on the flush list far outweighs the potential risk to human health and the environment from flushing the 15 active ingredients found in these unused or expired medications.

- **Disposing medicines in household trash:** If a take-back option is not available, medications not on the flush list may be thrown away in the trash by following these steps:
 1. Remove from original container and mix with used coffee grounds, dirt, kitty litter, or a chemical drug destruction product.

2. Place the mixture in something that will close such as a zipper storage bag or empty can, so the drug won't spill out.
3. Throw the container in your household trash.
4. Remove all personal information on the empty medicine packaging to protect your privacy and throw the packaging away.

Counselling patients on the safe disposal of fentanyl patches is critical as they may still contain more than 50% of the labelled amount of fentanyl after 3 days of use which is enough to cause serious harm or even death. To safely dispose of a used fentanyl patch, fold the patch in half so that the sticky side sticks to itself. Flush the used patch down the toilet right away. Dispose of any patches remaining from a prescription as soon as they are no longer needed. Unused patches should be removed from the protective pouch, remove the protective liner, fold the patches in half with the sticky sides together, and flush the patches down the toilet.

Safe disposal of inhalers depends on the type of medication and propellant involved. The FDA recommends paying close attention to the disposal instructions on the labels of inhalers and aerosol products. Never puncture them or throw them into a fire or incinerator as they may explode.

Syringes should be placed into an FDA-cleared sharps disposal container immediately after use. Do not attempt to recap syringes as this can cause unnecessary injury. If an official sharps container is not available, a heavy-duty plastic container with a tight screw-on lid can be used. Clearly label the container: "Do not recycle – contains used sharps." Do not overfill the container. Seal it securely with duct tape when it is three-quarters full.

Sharps should never be thrown loosely into the trash or toilet, and they should never be recycled. Check with your local trash removal services or health department for safe sharps disposal programs available in your area. [SafeNeedleDisposal.org](https://www.safeinjection.org/) also contains information for home-generated medical sharps disposal in the United States.

Unused medications are more than an issue of clutter - they represent patient safety, environmental and public health concerns. By counselling patients on safe medication disposal, pharmacists can help prevent medication misuse and abuse and reduce the environmental impact of pharmaceutical waste.

Kansas Pharmacist Recovery Network (KsPRN)

<https://www.ksrx.org/about/kansas-pharmacists-recovery-network>

Estimates show that 10-15% of healthcare professionals will misuse drugs or alcohol at some point in their career. Occupational hazards unique to pharmacy involve the following risk factors—accessibility to controlled substances, stressful work environments, lack of addiction education related to the profession, and fear of asking for help due to stigma or negative professional consequences.^{1,2}

Impaired provider programs are designed to assist healthcare professionals, such as pharmacists, student interns, and pharmacy technicians who are struggling with substance use disorders and mental health issues. These programs provide safe and confidential access to treatment and recovery services needed to safeguard pharmacy professionals and the members of the public they serve.^{1,2}

What Resources are Available to Kansas Pharmacists, Student Interns, and Pharmacy Technicians?

The Kansas Pharmacists Recovery Network (KsPRN) is an impaired provider program administered by the Kansas Pharmacists Association for the Kansas Board of Pharmacy (Board). It is a voluntary program that helps protect the health, safety, and welfare of the public and provides an opportunity for pharmacy professionals to remain in or return to the workforce while seeking treatment.

KsPRN assists any Kansas-licensed pharmacist, pharmacy technician, or pharmacy intern whose health and/or professional effectiveness has been or is likely to be impaired by the disease of chemical dependency and/or other physical or mental health issues. The program encourages participants to seek treatment and rehabilitation.

KsPRN is not restricted to just alcohol or opioid use disorders. KsPRN can include addiction or mental health issues such as problem gambling, risky sex behaviors, eating or mood disorders.

The Committee on Impaired Pharmacy Practice (CIPP) is a 12-person committee of Kansas licensed pharmacists that oversees the KsPRN program and makes recommendations to the Board based on participant compliance. Committee members are volunteers serving 2-year terms.

Goals of the Kansas Pharmacists Recovery Network (KsPRN)

- **Protect** the public by fulfilling the ethical obligations of the profession.
- **Educate** on the disease of chemical dependency, mental health, and the program's benefits.
- **Encourage** voluntary participation.
- **Provide** a mechanism of intervention, referral, and monitoring.

Why Report to KsPRN?

Anyone with knowledge of a practice that is or could be below the standard of care should immediately notify the appropriate authorities. Since KsPRN acts as an agent of the Board, these reports or self-referrals can be made confidentially, directly to KsPRN.

How Can You Enroll in KsPRN?

➤ Voluntary Self-Referral

- ❖ Individuals contact KsPRN Program Manager through one of three confidential methods.
- ❖ Individuals that voluntarily self-refer are not known to the Board.
- ❖ Participants remain unknown to the Board unless there is non-compliance with program requirements.

➤ Referral by a Third Party Who Contacts KsPRN

- ❖ Family, friend, colleague or other third party contacts KsPRN to refer an individual.
- ❖ KsPRN Program Manager reaches out to individual identified in the referral.

➤ Mandate by Order of the Board

- ❖ Participants are referred to KsPRN by order of the Board.
- ❖ Individual disciplinary actions are public knowledge.
- ❖ The Board can specify period of successful participation in KsPRN.

Voluntary and Third Party referrals are the preferred enrollment option. **ALL VOLUNTARY AND THIRD PARTY REFERRALS ARE CONFIDENTIAL.** Only those who are mandated to or do not comply with the program are known to the Board.

What Can You Expect as a Participant in KsPRN?

➤ Confidentiality

- ❖ No one outside of KsPRN/CIPP, not even the Board, will be notified unless a participant fails to cooperate with the program.

➤ Support

- ❖ Help with enrollment, monitoring, and pending disciplinary actions or procedures throughout your time in the program.
- ❖ Individualized support because recovery isn't "one size fits all."

➤ Assessment

- ❖ Evaluation to determine the treatment plan.
- ❖ Schedule and meet with an approved, licensed mental health or substance abuse provider.
- ❖ Monitoring, testing, and therapy to support compliance in the program.

➤ Screenings

- ❖ Random toxicology screenings requiring daily check-ins.

- Duration
 - ❖ The program's length is based on individual circumstances. The goal is for participants to remain at or return to work as soon as possible.
- Monthly Fee
 - ❖ While there are fees associated with being in the program that most insurances cover, there is a \$45 monthly administrative fee charged by KPhA/KsPRN.
 - ❖ The \$45 monthly fee is waived for ALL students/interns regardless of annual income.

You are not alone! KsPRN is here to help pharmacists, pharmacy students, and pharmacy technicians recover from drug or alcohol addiction and mental health disorders – one step at a time.

To learn more about the KsPRN program or make a confidential report, please contact:

Confidential Email: ksprn@ksrx.org

Confidential Phone: 785-217-7091

Confidential Fax: 913-273-6797

Spread the word about KsPRN! Make program materials available in your pharmacy and educate your staff on this vital recovery resource available to all Kansas pharmacy professionals.

References:

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3756819/>
2. <https://www.pharmacytimes.com/view/pharmacists-can-struggle-with-substance-use-disorder>
3. <https://www.ksrx.org/about/kansas-pharmacists-recovery-network>

Prescription Order Modifications by Pharmacists in Kansas: What is Permitted?

What a Kansas Pharmacist *May* Change (Adapt) on a Prescription Order

According to K.S.A. 65-1637(g)(3) and related regulations, a pharmacist in Kansas may use professional judgment to make certain adaptations for prescriptions, **that are not controlled substances**, under all of the following conditions:

- The patient consents to the change.
- The prescriber has *not* indicated "dispense as written" (DAW) on the prescription.
- The pharmacist documents the adaptation on the patient's prescription record.

- The pharmacist notifies the prescriber of the change.

Specifically, these permitted changes include:

- **Change the prescribed quantity** when:
 - ❖ The prescribed quantity or package size is not commercially available.
 - ❖ The change in quantity is related to a change in the dosage form.
 - ❖ The change extends a maintenance drug for the limited quantity necessary to coordinate a patient's refills in a medication synchronization program.
- **Change the prescribed dosage form, strength, or directions for use** if it is in the best interest of the patient and the change achieves the intent of the prescriber.
- **Complete missing information** on the prescription (for example, if a required field is blank) if there is evidence to support the change.
- **Brand (generic) substitution / brand exchange:** A pharmacist may substitute a therapeutically equivalent generic or interchangeable biologic unless the prescriber has indicated "dispense as written" or the FDA has determined that a biological product is not an interchangeable biological product to the prescribed product, or the drug product of the same name is not bioequivalent to the medication prescribed.
- A pharmacist may dispense up to a three-month supply of a prescription drug that is not a controlled substance or psychotherapeutic drug when the practitioner has written for a smaller supply *if* a sufficient number of refills were authorized for a three-month supply.

Emergency Fill/Continuation of Therapy

Unless a prescriber states on a prescription that there shall be no emergency refilling of the prescription or if the prescribed drug is listed in Schedule II of the uniformed controlled substances act or is a narcotic drug listed in any schedule of the uniform controlled substances act, a pharmacist may **refill** a prescription without prescriber authorization when all reasonable efforts to contact the prescriber have failed and the pharmacist judges that continuation is necessary for the patient's health, safety and welfare. The amount dispensed must be limited to no more than a 30-day supply or one package of the drug. The pharmacist must contact the prescriber on the next business day subsequent to the refill or as soon as possible.

What a Kansas Pharmacist *May Not* Change or What Requires Prescriber Contact

Despite the adaptation authority, clear limits exist. These items either **cannot** be changed by the pharmacist or require direct prescriber authorization.

- **“Dispense as written”**: If the prescription carries a “dispense as written” instruction (or signature line has that statement), then generic substitution or brand exchange is prohibited.
- **Controlled substances / Schedule II-V**: Adaptation authority is much more limited. For example, controlled substance prescriptions cannot be modified freely; procedures for DEA/regulations apply.
 - ❖ For CII: The pharmacist cannot add or change certain information without the prescriber's approval (patient name, prescriber signature, drug prescribed, or any written date).
- **Refill beyond the authorized number of times**: The pharmacist must adhere to the refill limits specified in statute/regulation for controlled and non-controlled substances.

Examples of “Not Permissible Without Prescriber Authorization”

- Changing the prescription to a completely new drug.
- Changing the prescriber signature.
- Changing the patient’s name on the prescription.
- For a brand name drug where prescriber wrote “Dispense as Written,” substituting a generic.
- For a brand name where a generic is *not* bioequivalent or where FDA has not deemed an interchangeable biologic.

Documentation, Notification, and Record-keeping Requirements

When a pharmacist makes an adaptation under the permitted authority, regulatory requirements for documentation and notification apply:

- The pharmacy must maintain a record of the adaptation in the patient’s prescription record. K.A.R. 68-2-25(b)(2) states the pharmacist shall document additions/changes/updates made as a result of adaptation or consultation.
- The pharmacist must **notify** the prescriber of the adaptation. K.S.A. 65-1637(g)(3) includes “and the pharmacist notifies the prescriber”.
- Records of additions or changes must be maintained for at least five years and be readily retrievable.

- The pharmacist must personally offer counseling on new prescriptions (or in appropriate circumstances) and must verify the prescription meets minimum requirements.

In Kansas, pharmacists have limited—but meaningful—authority to adapt prescription orders for non-controlled substances under specified conditions. These adaptations include changes to quantity, dosage form/strength/directions, and completing missing information with required patient consent, documentation, and prescriber notification. Controlled substance prescriptions, and changes outside these narrowly defined areas, require prescriber involvement. Adherence to documentation, notification, and internal policy is essential to minimize risk and ensure compliance with Kansas Board of Pharmacy requirements.

Under Kansas law, the practice of pharmacy includes the interpretation and evaluation of prescription orders, and pharmacists must exercise professional judgment in ensuring the accuracy, validity, and authenticity of prescriptions.

Providing Drugs for School Emergency Kits

Effective July 1, 2024, changes were made to K.S.A. 65-1680 and K.S.A. 72-6283. These statutes allow primary and secondary schools to keep certain medications for emergency situations. Key differences between the old and new laws are:

- The “epinephrine kit” has been updated and expanded to an “emergency kit”.
- The school is no longer required to obtain a consultant pharmacist.
- The new laws specify the way a pharmacy is to supply emergency medications to a school.

Previously, a school was able to keep an “epinephrine kit” that only contained epinephrine. The new laws have renamed the kits to “emergency kits,” and their contents have been expanded to allow:

- epinephrine auto-injectors
- albuterol metered-dose inhalers
- albuterol inhalation solution
- spacers, and
- nebulizers.

There are a couple of items to note as missing from the list of medications and devices the pharmacy can distribute to a school – compressors and normal saline for inhalation. What does this mean? You need to make sure the school has access to a compressor before you distribute albuterol inhalation solution or nebulizers. If they don’t have access to a compressor by other means, it would be best practice to contact the prescriber about changing the albuterol to a metered-dose inhaler form. If the school does have access to a compressor, make sure the prescriber writes for the pre-diluted 0.083% albuterol

ampules. You do not want to distribute concentrated 0.5% albuterol to a school that has no way to dilute it for administration.

Under the old laws, a consultant pharmacist was responsible for developing the school's epinephrine kit procedures and had the responsibility for the storage and control of the kits. This requirement has been removed. The school is now responsible for all the procedures, storage, training, etc. for the maintenance and use of the emergency kits.

The new laws specify that a pharmacy is to **distribute** emergency medication to a school pursuant to a prescription. This is different from how a pharmacy would typically dispense a prescription. What does this type of sale look like?

- A physician or mid-level practitioner will issue a prescription for the desired emergency medication in the name of the school.
- The pharmacy will conduct the sale as a wholesale transaction and document it by creating an invoice. The pharmacy DOES NOT process, label, or dispense with a prescription.
- The authorizing prescription is attached to the pharmacy's copy of the sales invoice.
- The pharmacy maintains the invoice and attached prescription with their other sales invoice records.

Overall, the changes to the school emergency drug laws were a positive update to the program. Although the new sales procedure for providing emergency drugs to schools is untraditional for a pharmacy, the new laws surrounding school emergency kits have made things easier for pharmacists by removing pharmacist responsibility for the emergency medication at the school. Schools are now able to handle a wider scope of emergencies, and they gained the flexibility of managing the emergency kits in-house.

K.S.A. 65-1680 Emergency medication kits in schools.

(a) A pharmacist may distribute a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors to a school pursuant to a prescription made pursuant to K.S.A. 72-6283, and amendments thereto, from a physician or mid-level practitioner in the name of the school. A pharmacist who distributes a stock supply of standard-dose or pediatric-dose epinephrine auto-injectors to a school shall not be liable for civil damages resulting from the administration of such medication pursuant to this section, K.S.A. 65-2872b or 72-6283, and amendments thereto.

(b) A pharmacist may distribute a stock supply of albuterol metered-dose inhalers, albuterol solution and spacers to a school pursuant to a prescription made pursuant to K.S.A. 72-6283, and amendments thereto, from a physician or mid-level practitioner in the name of the school. A pharmacist who distributes a stock supply of albuterol metered-dose inhalers, albuterol solution or spacers to a school shall not be liable for civil damages resulting from

the administration of such medication pursuant to this section, K.S.A. 65- 2872b or 72-6283, and amendments thereto.

(c) The terms used in this section mean the same as defined in K.S.A. 72-6283, and amendments thereto.

CLAIM YOUR CE

- Click on this link to complete the assessment: [Assessment via Survey Monkey](#)
- Provide your name, email address, KBOP license number (1-XXXXX), NABP ID (6 or 7 digit number), Month and Date of Birth. This information is required for CPE Monitor reporting purposes and Board CE tracking purposes.
- Answer the knowledge assessment questions.
- Complete the course evaluation questions.
- Submit.
- **Retain** the email verification of course completion for your records.

Certificates & CPE Monitor: You will NOT receive a certificate for completing this course. Course completion will be reported to CPE Monitor within 30 days of completion. Check your entire KBOP renewal period for the course before calling the Board to inquire about CE status.

Stay Tuned for More CE Opportunities: This course qualifies for a half-hour of CE. Additional Board CE will be published in future newsletters to help pharmacists complete the 1-hour requirement of K.A.R. 68-1-1b