



# KANSAS STATE BOARD OF PHARMACY

*newsletter to promote pharmacy and drug law compliance*

## **Announcements**

- Regular updates regarding Kansas State Board of Pharmacy guidance and information on the coronavirus disease 2019 can be found on the Board [website](#). This includes information about operations, waivers, renewals, exams, inspections, frequently asked questions, and more.
- Be sure to check the [Forms](#) page for current versions of all forms and applications.
- The Board welcomes new Pharmacy Inspector Jason! He currently resides in Derby, KS, with his wife of 25 years, Ruby. They have lived in Derby for the last 21 years, and this is also where Jason grew up and went to high school. He graduated from Kansas State University with a degree in biology in 1992, and from the University of Kansas with a degree in pharmacy in 1995. He has practiced pharmacy in a variety of settings, including retail, long-term care, sterile compounding, and nonsterile compounding. He has three children: Jackson, Coleson, and Rylan. He enjoys watching his children's athletic events (baseball and track), attending church, doing home renovation projects, fishing, and relaxing by the fire.
- The Board welcomes new K-TRACS Program Specialist Vanessa! She moved from Fort Wayne, IN, to Topeka, KS, in 2010, working for School District 501 for a few years before spending the past 10 years with the Kansas Bureau of Investigation. She has two adult sons, one who lives in Indiana with his family: three sons of his own and his wife. Her other son lives locally and works for the City of Topeka. In her spare time, she enjoys working out at the gym, gardening, taking beach vacations, and spending quality time with her friends and family.

### ***National Pharmacy Compliance News***

A Service of the National Association of Boards  
of Pharmacy Foundation (NABPF)

Visit NABP's website for the latest regulatory updates and  
news from FDA, USP, NABP, and more.

**[Read National News](#)**

## Technician Registrations Expiring October 31, 2022

Any pharmacy technician who is unable to take or pass the Pharmacy Technician Certification Exam or the Exam for the Certification of Pharmacy Technicians by October 31, 2022, may request a six-month extension. An extension must be requested at least 30 days before the technician's registration expiration date by completing a [Technician Certification Extension Request Form \(LA-75\)](#).

### What Does Compliance Look Like?

#### Controlled Substances Inventory

According to Kansas Administrative Regulations (K.A.R.) 68-2-5, K.A.R. 68-7-11(o), and K.A.R. 68-7-12(e), pharmacist-in-charge (PIC) outgoing and incoming inventories may be taken together, as long as the timeline meets the requirements of both PICs. Otherwise, the outgoing PIC must take the controlled substances (CS) inventory upon leaving, and the incoming PIC must take another inventory within 72 hours of beginning to function as the PIC. Owners must allow the outgoing PIC to take the inventory before leaving the position unless there is suspected diversion of CS by the outgoing PIC. Please review the Pharmacists in Charge page on the Board [website](#).

#### Continuous Quality Improvement

Continuous quality improvement (CQI) is **required** quarterly. What is a PIC required to do?

- Gather **all** reportable incidents occurring during the quarter.
- Have a meeting with as many members of the staff as possible (PIC is required to attend).
- Discuss **all** reportable incidents and **how** the pharmacy proposes to eliminate the error(s) from occurring again. If your preventative step does not reduce the error(s), then propose another alternative.
- Document the prevention step(s) for each type of incident.
- Review the Board's *Newsletter* and document the review.

The goal of CQI is to **decrease and eliminate errors**, and using the same prevention step every quarter will not reduce errors. If you always do what you have always done, you will always get the same result, and the errors will keep occurring. An updated **C-500 CQI Meeting Report Form** is available on the Board [website](#).

#### Incident Reports

**What is an incident?** K.A.R. 68-7-12(c)(2): An alleged or real error in filling or dispensing a prescription or medication order

**What is a reportable incident?** K.A.R. 68-7-12b(a)

1. The patient receiving the wrong drug;
2. the patient receiving an incorrect drug strength;

3. the patient receiving an incorrect dosage form;
4. the drug was received by the wrong patient;
5. inadequate or incorrect packaging, labeling, or directions; or
6. the dispensing of a drug to a patient in a situation that results in or has the potential to result in serious harm to the patient.

**What is required on the report?** K.A.R. 68-7-12b(c)

1. The name, address, age, and phone number of any complainant, if available;
2. the name of each pharmacy employee and the license number of each licensee involved;
3. the date of the incident and the date of the report;
4. a pharmacist's description of the incident;
5. the prescriber's name and whether or not the prescriber was contacted; and
6. the **signatures** of all pharmacy employees involved in the incident.

**Who is responsible for the incident report?** K.A.R. 68-7-12b(d): Each pharmacist involved and the PIC. An updated **C-600 Incident Report Form** is available on the Board [website](#).

### ***Naloxone Protocol***

A new statewide naloxone protocol is available on the Board website. The new protocol does not require an authorizing physician. Please review the [protocol](#).

### ***Advanced Practice Registered Nurses***

An advanced practice registered nurse will no longer be required to have authorization from a responsible, supervising, or coordinating physician to prescribe. The governor signed [House Bill 2279](#) on April 15, 2022, to become effective upon publication in the statute book. Publication date is generally considered to be July 1.

### ***Notes From Your Inspector***

- List of technicians: Kansas Statutes Annotated 65-1663(i) requires the pharmacy to maintain a list of the names of its pharmacy technicians. An inspector may request a copy of the list. Be sure to keep it updated.
- Can other employees of the pharmacy find pharmacy documents? Examples would include:
  - Annual inventory
  - CQI
  - Incident reports

- Technician training
- Immunization protocol
- Are your floors clean? Shelves dusted? Counters clean? Sinks clean? Is automation in good working order – no cracked lids or dust-covered surfaces?
- See what your inspector will be reviewing during the inspection: access a pharmacy **self-inspection** report on the Board’s website under **Businesses and Facilities**. See I-02P for Retail Pharmacy and I-02MCF for hospitals/medical care facilities.

### ***A Word From K-TRACS Compliance***

K-TRACS identified through its data that pharmacies are dispensing CS as a prescription to prescribers for office use. Prescriptions must only be dispensed to patients. The information below is from federal guidelines.

**Office-use prescriptions are not valid.** Medications prescribed must be dispensed to a patient. When medication is sent from a pharmacy to a practitioner for administration, the transfer is considered a distribution. The transfer of a prescription medication is permitted from one pharmacy to another pharmacy or practitioner. The transfer must be documented with an invoice record. The invoice record must have the name, strength, form of the medication, the name and address of both the seller and the purchaser, and the date of the sale. This record should be maintained for five years with your pharmacy records.

**If the transfer is a CS,** the invoice must also include the Drug Enforcement Administration (DEA) number of both the seller and the purchaser. If the medication is a Schedule II medication, the purchaser must provide a DEA Form 222 to the seller before the transfer is completed.

A retail pharmacy may not transfer prescription drugs to another retail pharmacy to alleviate a temporary shortage, according to the Drug Supply Chain Security Act (DSCSA). A drug shortage not caused by a public health emergency does not constitute an emergency medical reason, thus prohibiting these types of transfers. Only pharmacies that are under common ownership would be able to transfer drugs among each other, as that is considered an exemption to the DSCSA transaction criteria.

### ***Revoked Licenses and Registrations***

In an effort to provide greater transparency to pharmacists, the Board will publish a list of revocations and suspensions against Kansas pharmacists, interns, and technicians in its quarterly *Newsletter*. The Board encourages the PIC to verify the registration status of all employed technicians at least twice a year (June and November are recommended). The Board’s **license verification website** is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board: <https://ksbop.elicensesoftware.com/portal.aspx>.

Please take notice of the Board’s revocation action taken on these licenses, permits, and registrations:

- Adams, Rosie 24-116217, Case 22-066
- Church, Lisa 14-105248, Case 22-074
- O'Malley, Alexis 24-111410, Case 22-076

Please take notice of the Board's suspension action taken on these licenses, permits, and registrations:

- Gahagan, Amanda 1-12809, Case 22-075

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