June 2020

Kansas State Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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Announcements

- Regular updates regarding Board guidance and information on coronavirus disease 2019 (COVID-19) can be found on the Kansas State Board of Pharmacy website. This includes information about operations, waivers, renewals, exams, fingerprinting, inspections, pharmacy frequently asked questions (FAQs), and more.
- Have a question for the Board? Check out the FAQs available on the Board website. Topics include: licensing and registration, technician certification, complaints, criminal or disciplinary history, renewals, continuing education (CE), Kansas Prescription Drug Monitoring Program (K-TRACS), and dozens of compliance topics! Please review these prior to calling or emailing the Board with your questions.
- Pharmacy and other facility permits are eligible for renewal through June 30, 2020. Use the eLicense portal to renew each permit through an automated process, pay using the secure portal, and **immediately print the 2020 permit.** If additional copies are needed, log back in and print/download a copy. Because of the COVID-19 pandemic, waivers may be requested for pharmacists-in-charge (PICs) and inspection requirements in conjunction with initial and renewal applications made on or before June 30, 2020. Requests will be evaluated by the Board on a case-by-case basis and must demonstrate good cause.
- Effective February 7, 2020, the Kansas pharmacy technician ratio regulation has been updated. Copies of the amended regulation can be found here.

Follow Us on Social

Follow the Board on Twitter @KSBOP or on Facebook *(www.facebook.com/KansasStateBoardOfPharmacy)* for news, updates, and more!

Welcome Staff

The Board extends a warm welcome to new Administrative Assistant Stephanie Pelton. Stephanie was born and raised in Topeka, KS, and has one daughter and one little dog. She has years of experience in various insurance roles and over 10 years of customer service experience. She loves spending time at the lake and enjoys growing vegetables for her homemade salsa. The Board also congratulates previous Administrative Assistant Lesa Pritz on her promotion to senior administrative assistant.

The Board has added several faces to their K-TRACS staff: Nikki Aronhalt, RN, program specialist; Gayle Donaldson, public information officer; and LaTonyua Rice, PharmD, staff pharmacist. They will be supporting recent federal grant award objectives.

Nikki Aronhalt is happily married to her husband, Stephen, whom she has known for over 30 years. They are parents to the cutest fur babies – Bentley (dog) and Twinkie (cat) – and love to travel. You can usually find them exercising at home or the gym, but more specifically, Nikki can usually be found breaking out in random dance moves nearly anywhere to various genres of music.

Gayle Donaldson has a bachelor's degree from Fort Hays State University and a master of business administration degree from Baker University. She previously worked in marketing and communications roles in local government and health care in Manhattan, KS.

LaTonyua Rice rejoins the Board staff, now on the K-TRACS team, after spending many years in pharmacy consulting and retail pharmacy. Dr Rice also served as the Board inspector for central Kansas several years ago.

What Does Compliance Look Like?

New Single-Sheet Format for DEA Form 222

On October 30, 2019, Drug Enforcement Administration (DEA) changed its controlled substance (CS) ordering DEA Form 222 to a single-sheet format. The old triplicate forms can be used until October 30, 2021. More information about this can be found by visiting DEA's Diversion Control Division website at: *https://www.deadiversion.usdoj.gov/fed_regs/rules/2019/fr0930.htm*.

Immunizations

Are you submitting immunizations to the WebIZ?

Veterinarian Prescriptions

- Veterinarians do have prescriptive authority to write for their patient animals.
- Veterinarians do not have National Provider Identifier (NPI) numbers and cannot get NPI numbers. Please make sure the pharmacy has a process to input veterinarians into the pharmacy management system so that care can be provided to these animals/pets.
- Not all veterinarians have DEA numbers, but some do. Many veterinarians work in animal clinics or hospitals and use the DEA number of the clinic or hospital. If a veterinarian writes a prescription using the clinic or hospital DEA number, the prescriber should have a suffix behind the number. This is allowed by DEA and the Board. If a veterinarian writes a prescription for a CS to be filled at the pharmacy, the information must be reported to K-TRACS.
- Prescriptions for animals/pets **must** show the animal's name and species. If the prescription is for a CS, verify that the address is that of the owner, per K-TRACS regulations.

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National Pharmacy Compliance News

June 2020

NABPF
National Association of Boards of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the "third wave" of the opioid crisis, as detailed in the October 2019 issue of *Innovations*® (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy®'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the "primary driver" of the current opioid crisis, according to the report.

"Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States," a DEA press release states. "As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States."

Drug-Resistant Infections Are Increasing

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. "More action is needed to fully protect people," the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the CDC website.

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain:*

Developing the Evidence, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

"We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines," said Janet Woodcock, MD, director of FDA's Center for Drug Evaluation and Research in a statement. "However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA's efforts to address the opioid crisis must focus on encouraging 'right size' prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids."

FDA will next consider the recommendations included in the report as part of the agency's efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the NASEM website.

New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients' medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients' perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

"Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety," said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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Schedule II CS Prescriptions

- What do you do if you cannot fill all of a Schedule II CS prescription because you do not have enough in stock? If you cannot obtain the remainder in 72 hours, the pharmacy/pharmacist must notify the prescriber of the quantity filled (Kansas Administrative Regulations (K.A.R.) 68-20-19(c)(1)(A)).
- What if insurance will not pay for all that is written? The patient can either pay cash for the entire quantity of the prescription **or** use insurance and only get the quantity that the insurance will allow. If the pharmacy does not fill the entire prescription, the pharmacy/pharmacist must notify the prescriber of the quantity filled.

CS Inventory

- Annually – every 12 months
- 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 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.
- CS means all Schedule II, Schedule III, Schedule IV, and Schedule V designated drugs. In a hospital, this would mean **all** CS in the hospital, not just the pharmacy. In retail, this would mean all CS in the pharmacy, including prescriptions in will-call bins.

Continuous Quality Improvement Documentation

This documentation should be completed quarterly. The meeting document and incident reports should be available for the Board inspector to review. These records should be maintained for five years. Please ensure that the pharmacist or a technician knows where to find the documentation.

Filling and Refilling Prescriptions: Kansas Statutes Annotated (K.S.A.) 65-1637(c) and (d).

> (c) (1) A new written or electronically prepared and transmitted prescription order shall be manually or electronically signed by the prescriber. If transmitted by the prescriber's agent, the first and last names of the transmitting agent shall be included in the order.
>
> (2) If the prescription is for a controlled substance and is written or printed from an electronic prescription application, the prescription shall be manually signed by the prescriber prior to delivery of the prescription to the patient or prior to facsimile transmission of the prescription to the pharmacy.
>
> (d) An authorization to refill a prescription order or to renew or continue an existing drug therapy may be transmitted to a pharmacist through oral communication, in writing, by facsimile transmission or by electronic transmission initiated by or directed by the prescriber.
>
> (1) If the transmission is completed by the prescriber's agent, and the first and last names of the transmitting agent are included in the order, the prescriber's signature is not required on the fax or alternate electronic transmission.
>
> (2) If the refill order or renewal order differs in any manner from the original order, such as a change of the drug strength, dosage form or directions for use, the prescriber shall sign the order . . .

K-TRACS Collecting Data on Naloxone Distribution, Medication Collection, and Disposal Sites

The K-TRACS division is surveying pharmacies to collect data on naloxone distribution and medication disposal sites available in Kansas. The information collected will be part of future consumer education campaigns.

The survey was sent to pharmacies and PICs in May. It can be accessed at *https://www.surveymonkey.com/r/DrugDisposal_Naloxone_Survey.*

To be a registered naloxone distributor, pharmacists must sign the statewide protocol available on the Board's website. This protocol can be activated at any time.

The Kansas Medication Collection and Disposal Program is now administered through the Board. Pharmacies, hospitals, household hazardous waste facilities, and law enforcement agencies are eligible to register as medication collection and disposal sites as well as hosts for drug take-back events. The registration form is available on the Board's website.

K-TRACS Quality Improvement Audit

An audit to improve the quality of information reported to K-TRACS by pharmacies began in May. The Board has hired an auditor to review K-TRACS records and request information from pharmacies to monitor data quality within K-TRACS. Kansas pharmacies will be selected for the audit at random and notified by email of required documentation. The PIC will have 30 days to respond. If no response is received, the pharmacy and PIC may be referred to the Board for potential disciplinary action.

As part of the audit process, copies of prescriptions from pharmacies will be compared to data submitted to the K-TRACS system. Once the review has been completed, the auditor will notify the submitting pharmacy of any actions that need to be taken to ensure K-TRACS data integrity and ongoing compliance with K.S.A 65-1683(b). If errors are discovered in the audit of a pharmacy's data submissions to K-TRACS, the pharmacy will have seven days from the date of notification of the errors to correct them in the K-TRACS database. Please refer any questions to pmpadmin@ks.gov.

Statewide Immunization Protocol

Kansas-licensed pharmacists may now provide immunizations to patients pursuant to the Statewide Immunization Protocol, authorized by the Kansas Secretary of Health and Environment, Dr Lee Norman, MD. Similar to the naloxone dispensing protocol, this allows a pharmacist who has followed the instructions listed below to administer immunizations in accordance with the protocol. If a pharmacist does not want to use the statewide protocol, he or she may use his or her own physician-pharmacist protocol that meets state requirements.

Instructions

1. Review all relevant laws and regulations pertaining to immunizations
2. Ensure compliance with the CPR certificate standards
3. Download the official, pre-signed Statewide Immunization Protocol
4. Review and sign the Statewide Immunization Protocol
5. Maintain a copy of your signed Statewide Immunization Protocol and all CPR certifications for a period of five years at the location(s) where immunizations are provided

2020 Pharmacist Renewal

Pharmacist licenses expiring June 30, 2020, are now eligible for renewal. To renew, visit the eLicense portal on the Board's website to log in using your username and password, review and update contact information and other required items, answer the disciplinary history questions, and complete the renewal certification. Use the secure payment processing portal to submit your payment by credit card, debit card, or electronic check. Online renewals must be date/time-stamped on or before 11:59 PM CDT on June 30, 2020. All other renewals will be considered late and will require payment of the late fee, and pharmacists are not authorized to practice until the renewal (and late fee) are submitted to the Board office.

Pharmacists are required to have completed 30 hours of continuing pharmacy education (CPE) between July 1, 2018, and the date of their renewal (no later than June 30, 2020). There is no grace period for completion of CPE. For ways to reduce your CE audit risk, see the Board's June 2018 *Newsletter.*

To verify your renewal has been received, visit the License Verification page and check for the updated expiration date. You should also receive a confirmation email when renewing online.

2020 Wholesale Distributor Renewal

During the 2020 renewal period (May 18 – June 30, 2020), wholesale distributors will be required to do the following to remain registered in Kansas:

- Provide a surety bond that meets the requirements of 21 U.S.C. §360eee.
- Provide a list of all manufacturers, wholesale distributors, third-party logistics providers (3PLs), outsourcing facilities, and dispensers with which the registrant is transacting business.
- For nonresident facilities, provide an inspection report conducted at the current physical location within the previous 36-month period (after July 1, 2017) by the resident state Board or the National Association of Boards of Pharmacy® (NABP®). Self-inspection reports will not be accepted.

The Board has received a significant number of questions and emails regarding the new requirements. FAQs and answers have been published on the Board Business and Facilities web page. Surety bond forms are now available on the Forms Page – S-340 ($25,000) and S-345 ($100,000). Effective July 1, 2020, registration as a wholesale distributor in Kansas does not entitle the facility to operate as a 3PL, and a separate registration will be required.

3PL Registration

Kansas law requires each 3PL to be properly registered in Kansas. The regulations also create a separate category for non-prescription drug/device 3PLs. Before June 30, 2020, the facility will be required to do the following to become registered as a 3PL in Kansas:

1. Submit a completed BA-23 3PL registration application and application fee to the Board. 3PLs that only ship non-prescription drugs and/or devices should submit a BA-25.
   a. If the facility wants to transfer an existing distributor registration to a 3PL registration, check the "New Application" box on the application and include your current wholesale distributor registration number under the "Change" section. The application payment will take the place of the 2020 distributor renewal fee. Do not attempt to renew the distributor registration online.
   b. If the facility wants to add a 3PL registration, check the "New Application" box on the application. Renew existing registrations online from May 18 through June 30, 2020.
2. Provide a satisfactory inspection report conducted at the current physical location within the previous 36-month period (after July 1, 2017) by the resident state Board or NABP. Self-inspection reports will not be accepted.

The Board has received a significant number of questions and emails regarding the new requirements. FAQs and answers have been published on the Board Business and Facilities web page. Surety bond forms are now available on the Forms Page – S-340 ($25,000) and S-345 ($100,000). If the facility needs to remain registered in another category (ie, pharmacy, nonresident pharmacy, wholesale distributor), the facility will also need to renew the existing registration online before June 30, 2020. If the facility does not need to maintain other registrations, simply allow the registration to expire with no action.

Outsourcing Facility Registration

Kansas law now requires each outsourcing facility to be properly registered in Kansas. Before June 30, 2020, the facility will be required to do the following to become registered as an outsourcing facility in Kansas:

1. Submit a completed BA-20 Outsourcing Facility registration application and payment to the Board.
2. Provide two inspection reports conducted at the current physical location of the outsourcing facility.
   a. The first should be a satisfactory inspection conducted within the previous 36-month period (after July 1, 2017) by the resident state Board or NABP. Self-inspection reports will not be accepted.
   b. The second should be a satisfactory inspection conducted within the previous 24-month period (after July 1, 2018) by Food and Drug Administration.
3. Designate a Kansas-licensed pharmacist as PIC.
   a. If the outsourcing facility already has a Kansas-licensed PIC, simply provide the Kansas license number for the PIC on the application.
   b. If the outsourcing facility has a non-Kansas-licensed pharmacist desiring to serve as PIC, the pharmacist should contact NABP to begin the Electronic Licensure Transfer Program® process. The pharmacist will be required to take and pass the Kansas-specific Multistate Pharmacy Jurisprudence Examination®.
   c. If the new PIC was previously licensed in Kansas, but has let the license lapse, he or she will need to complete the reinstatement process through the Board using the LA-60 form available on the Board website.

The Board has received a significant number of questions and emails regarding the new requirements. FAQs and answers have been published on the Board Business and Facilities web page. If the facility needs to remain registered in another category (ie, pharmacy, nonresident pharmacy, wholesale distributor), the facility will also need to renew the existing registration prior to June 30, 2020. If the facility does not need to maintain other registrations, simply allow the registration to expire on June 30, 2020, with no action.

Required Notifications

The following notifications are required to be submitted to the Board within the listed time frame. The Board website has forms for many of these notifications. Notifications may be sent to the Board office by mail, fax, or email; however, the Board strongly recommends sending an email to pharmacy@ks.gov.

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- **Change of address** – within 30 days
  - Pharmacist, K.S.A. 65-1633
  - Pharmacy intern, K.S.A. 65-1676(f)
  - Technician, K.S.A. 65-1663(h)
- **Change of email** – within 30 days
  - Pharmacist, K.S.A. 65-1633
  - Pharmacy intern, K.S.A. 65-1676(f)
  - Technician, K.S.A. 65-1663(h)
- **Change of employment** – within 30 days
  - Pharmacy intern, K.S.A. 65-1676(f)
  - Technician, K.S.A. 65-1663(g)
- **Change in legal name** – within 30 days
  - Pharmacy intern, K.S.A. 65-1676(f)
  - Technician, K.S.A. 65-1663(h)
- **Change in facility ownership, address, or cessation of operations:**
  - Pharmacy – five days (K.A.R. 68-2-9 and K.A.R. 68-2-10)
  - Retail Dealer – 30 days (K.A.R. 68-3-6)
  - Wholesale Distributor – 30 days (K.A.R. 68-14-4)
  - 3PL – 30 days (K.A.R. 68-14-4)
  - Outsourcing Facility – 30 days (K.A.R. 68-14-4)
- **PIC:**
  - Ceasing to function as PIC – within five days (K.A.R. 68-2-5)
  - Pharmacy must secure new PIC and notify Board – within 30 days (K.A.R. 68-1-2a(b))
- **Loss, theft, or suspected diversion of CS – initial notification within one day:**
  - PIC or pharmacy owner is responsible for the one-day notification
  - DEA Form 106 due upon completion
- **Disciplinary action** – within 30 days
  - Pharmacy or pharmacy owner(s) for denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action by Kansas or other jurisdiction (K.A.R. 68-2-23)
  - Pharmacist, see K.A.R. 68-7-25 for complete list
  - Pharmacy intern, see K.A.R. 68-7-25 for complete list
  - Technician, see K.A.R. 68-7-25 for complete list

Revoked Licenses and Registrations

In an effort to provide greater transparency to pharmacists, the Board will publish a list of revocations 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 is 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:

- Arias Franco, Ana 24-110392, Case 20-025
- Barton, Johnnie, 14-05273, Case 20-043
- Blaise, Mickenzie, 14-105423, Case 19-517
- Bowls, Twilla, 14-17301, Case 20-045
- Butler, Charlene, 14-17413, Case 20-046
- Castillo, Marla, 14-108047, Case 19-608
- Catron, Angela, 14-11402, Case 19-162
- Chau, Andrew, 3-107122, Case 18-553
- Clark, Carenne, 14-100698, Case 20-047
- Connor, Kathy, 14-02085, Case 20-048
- Coyan, Payton, 14-15823, Case 20-050
- Crowdis, Danielle, 24-108495, Case 19-409
- Escalera, Petra, 24-109825, Case 19-489
- Etuka, Kenneth, 14-19300, Case 20-030
- Euler, Diana, 1-10589, Case 19-583
- Flippin, John, 14-01027, Case 20-053
- Garcia, Holly, 24-110142, Case 19-456
- George, Heather, 14-100511, Case 20-054
- Gonzalez, Joseph, 14-15837, Case 20-056
- Gutierrez, Jennifer, 14-15593, Case 20-057
- Jennings, Valorie, 14-11451, Case 20-059
- Langston, Don, 14-09804, Case 19-205
- Lee, Kiara, 14-16180, Case 20-042
- Martinez, Christine, 14-101123, Case 20-064
- Mccurry, Bruce, 14-07971, Case 20-066
- McDonald, Daniel, 14-101372, Case 19-430
- Mcmullin, Jennifer, 14-00942, Case 19-215
- Miller, Rebekah, 14-19363, Case 20-067
- Nguyen, Lynne, 14-15974, Case 19-221
- Owens, Kacie, 14-107596, Case 19-330
- Oxford, Velma, 14-15415, Case 20-069
- Phommata, Alexander, 14-15106, Case 19-231
- Rinard, Jayna, 14-19023, Case 20-072
- Robinson, Rosalind, 14-05212, Case 19-239
- Robinson, Sheila, 14-05981, Case 20-073
- Schiltz, Carlisle, 14-19197, Case 20-074
- Smith, Laquite, 14-09819, Case 20-036
- Strickland, Candace, 14-15357, Case 20-079
- Sykes, Jennifer, 14-15890, Case 19-254
- Tjelmeland, Carson, 14-102085, Case 19-259
- Xiao, Jie, 14-02928, Case 19-267
- Yasmin, Nilofar, 14-101018, Case 20-085

The *Kansas State Board of Pharmacy News* is published by the Kansas State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

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