



Kansas State Board of Pharmacy

Published to promote compliance of pharmacy and drug law

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Announcements

- ◆ Beginning July 15, 2018, the Kansas State Board of Pharmacy will only accept current, **typed** versions of Board forms. Old forms or handwritten forms will be returned (with payment) directly to the sender without processing.
- ◆ Nonresident pharmacies: An outgoing pharmacist-in-charge (PIC) must submit the signed Part A of the BA-50 form to the Board within five days of leaving the position. The pharmacy will have 30 days from the outgoing PIC's last day to designate a new Kansas-licensed PIC and submit Part B of the BA-50 form to the Board with proper payment. If the pharmacy is unable to secure a Kansas-licensed PIC within 30 days, a waiver can be requested by following the instructions on Part C of the BA-50.
- ◆ Follow us on Twitter @KSBOP for news, updates, and more!

Pharmacy Technician CE Requirements

All Kansas pharmacy technician registrations expiring October 31, 2018, must have completed 20 hours of continuing education (CE), or the prorated amount of CE based on the issue date and expiration date of the technician registration, before renewal. Those 20 hours must have been earned between September 1, 2016, and the day of renewal in 2018.

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®](#).
2. Another state board of pharmacy: To receive credit, submit a copy of the certificate of completion to the Kansas Board within 30 days of course completion.
3. The Kansas Board: To get CE approval from the 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.

Pharmacy Technician Renewal 2018

Pharmacy technicians with licenses expiring October 31, 2018, can renew online beginning early September.

Renewal instructions:

- ◆ Visit <http://pharmacy.ks.gov> and go to "Technician Renewal."
- ◆ Click "Sign-Up" under New User Registration and create a username and password, **or** log in using the username and password created for the 2016 renewal.
- ◆ Log in and select "Renew License."
- ◆ Review and update information, certify completion of the required CE hours, answer disciplinary questions, and submit the renewal.
- ◆ Use the 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 [License Verification page](#) to check for an updated expiration date.

Failing to renew on or before 11:59 PM CDT October 31, 2018, will result in the registration being canceled. Technicians with canceled registrations 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.

K-TRACS: Drug Poisonings in Kansas Involving Prescription Opioids and Risk Factors

According to the Centers for Disease Control and Prevention (CDC), more than 46 people die every day from prescription opioids. The most common drugs involved in prescription opioid poisoning deaths include methadone, oxycodone, and hydrocodone.

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National Pharmacy Compliance News

September 2018



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.

DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at www.dea.gov/divisions/hq/2018/hq021418.shtml.

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- ◆ Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- ◆ Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- ◆ Medications and components (17%);
- ◆ Facilities and equipment (22%);
- ◆ Sterile compounding procedures (53%); and
- ◆ Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB’s website at www.ptcb.org.

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA’s amendments are available in a Federal Register notice titled “Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder” (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at www.train.org/cdctrain/course/1075730/compilation.

Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC’s website at www.cdc.gov/antibiotic-use/index.html. CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

Walmart to Provide Free Solution to Dispose of Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that permanently dissolves when

mixed with water and sequesters excess opioids and other drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide. “This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers’ medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug,” said Pharmacy Clinical Services Manager for WalMart Health and Wellness and NABP Past President Jeanne D. Waggener, RPh, DPh. “We’re not just making it easy for patients to safely dispose of their medications, but we’re also helping prevent abuse before it starts.” Additional information is provided in a January 17, 2018 news release titled “Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse.”

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- ◆ Therapeutic innovation;
- ◆ Data, analytics, and technology;
- ◆ Business of pharmacy;
- ◆ Pharmacy and health-system leadership;
- ◆ Advanced pharmacy technician roles;
- ◆ Population health management;
- ◆ Public health imperatives; and
- ◆ Coping with uncertainty and chaos.

The 2018 report is available at www.ajhp.org/content/75/2/23.

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands display-

ing the USP Verified Mark signal to the public that “what’s on their label is what’s in the bottle.” Health care practitioners can learn more about USP’s efforts at www.usp.org/dietary-supplements-herbal-medicines.

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP’s verification program for dietary supplements can be found at www.usp.org/verification-services/program-participants.

New CPE Monitor Subscription Service Makes Licensure Compliance Easier

To help pharmacists easily monitor their CPE compliance, NABP partnered with the Accreditation Council for Pharmacy Education (ACPE) to expand CPE Monitor® by offering a new subscription service. Users can keep their free, Standard version of CPE Monitor or upgrade to the Plus subscription plan. Launched in April 2018, the new Plus plan enables pharmacists to perform a variety of advanced functions beyond the Standard plan, including:

- ◆ Verifying how much CPE credit must be earned to satisfy renewal requirements;
- ◆ Receiving alerts when a license is nearing the end of a CPE cycle;
- ◆ Uploading non-ACPE credits to a licensee’s e-Profile;
- ◆ Viewing consolidated transcripts for each state license;
- ◆ Connecting to My CPD, which allows licensees to maintain their continuing professional development (CPD) in one place; and
- ◆ Connecting to the Pharmacists’ Learning Assistance Network, where licensees can easily search for ACPE-approved courses.

The Plus subscription is available for an annual, renewable fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. It is only available via NABP’s new mobile app. Search for NABP e-Profile in [Google Play Store](https://play.google.com/store/apps/details?id=com.nabp.eprofile) (Android) or the [App Store](https://itunes.apple.com/us/app/nabp-e-profile/id1441111111) (iPhone).

The Standard plan is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit www.nabp.pharmacy/CPE.



CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their CPE credit electronically.

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In 2016, people 25 to 54 years of age, non-hispanic whites, American Indian or Alaskan natives, and men had a higher rate of prescription opioid deaths than other groups.

For more information about the burden of prescription opioid deaths in the United States, please visit <https://www.cdc.gov/drugoverdose/data/overdose.html>.

In 2015, at least two out of every 100 Kansans 18 years of age and older reported using a prescription pain medication (eg, opioids) without a prescription or in higher quantities than prescribed, thus increasing their risk of a poisoning. According to data from the Kansas Department of Health and Environment, drug poisoning remains a significant cause of injury deaths in Kansas. In 2016, drug poisoning was attributed as an underlying cause of death in 310 deaths, for an age-adjusted rate of 10.9 deaths per 100,000 population. Although there was a statistically significant 41% decrease in methadone poisoning deaths from 2012 to 2016 when compared to 2005 to 2009 (rate ratio: 0.59, 95% F-ratio confidence limit: 0.47 - 0.74), more than 1 in 10 drug poisoning deaths in 2016 involved substances and drugs such as methamphetamine, heroin, and benzodiazepines. In 2016, there were approximately 104 drug poisoning deaths involving a prescription opioid and 42 involving a benzodiazepine drug. Additionally, there were at least 747 hospitalizations and 474 emergency department admissions for treatment of prescription opioid poisoning. Men and women aged 35-54 had the highest risk of prescription opioid poisonings.

Significant risk factors include: having multiple providers prescribing prescription opioids; having more than 90 morphine milligram equivalents (MMEs) per day of prescription opioids; and being prescribed a long-acting opioid with no prior history of using a prescription opioid in the past 60 days. According to data from K-TRACS, from April to June 2018 there were at least 216 Kansans who filled prescription opioids from multiple providers; 18,772 Kansans with more than 90 MMEs per day of prescription opioids; and at least 2,986 Kansans with a long-acting opioid with no prior history of using a prescription opioid in the past 60 days. Over this same period, there were at least 253,423 Kansans who received at least one opioid prescription for a total of 547,413 dispensed prescriptions reported to K-TRACS.

For more information about K-TRACS dispensation data, please visit www.preventoverdoseks.org/kpdo_data.htm.

The CDC recommends increasing access to naloxone for patients at risk of an opioid poisoning, which reverses the effects of an opioid-related poisoning when administered in time. This can include standing orders at pharmacies; distribution through local, community-based organizations; access and use by law enforcement officials; and training critical emergency medical service staff on how to administer the drug.

For information about reversing an opioid-related poisoning to prevent death, please visit <https://www.cdc.gov/drugoverdose/prevention/reverse-od.html>.

Kansas allows pharmacists to dispense emergency opioid antagonists to patients and bystanders pursuant to a state-wide protocol adopted by the Board, which can be found at <http://pharmacy.ks.gov/resources-consumer-info/naloxone>.

In addition, any individual who, in good faith and with reasonable care, dispenses or administers an emergency opioid antagonist pursuant to the new law is not subject to civil liability, criminal prosecution, or any disciplinary action by a professional licensure entity.

Many different organizations and efforts are currently underway to reduce the morbidity and mortality associated with prescription opioids. For more information about drug poisonings in Kansas and current prevention efforts, please visit www.preventoverdoseks.org.

New S-350 Form for All Nonresident Facility Applicants

All nonresident facilities are now required to complete the Kansas State Board of Pharmacy S-350 Non-Resident Information Form when submitting an application to the Board. The form addresses what the facility plans to ship or has shipped into Kansas. There are two portions to the form. When completing the form, the facility is only required to complete the portion relating to the type of facility application being submitted to the Board. Please provide the most complete and detailed information as possible to prevent the need for additional follow-up questions or correspondence. A response is required for each bullet point under the portion of the form relevant to the type of facility application being submitted. Form S-350 can be found at <http://pharmacy.ks.gov/resources-consumer-info/forms> under "Supplemental Forms."

Upcoming Events

September 13, 2018, 8:30 AM

Board of Pharmacy Quarterly Meeting
800 SW Jackson, Lower Level, Topeka, KS

September 21, 2018, 9:30 AM

PMP Advisory Committee Meeting
800 SW Jackson, Suite 1414, Topeka

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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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