



Kansas State Board of Pharmacy

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Disciplinary Action

Jeff Rivers, Pharmacist #1-12334. Revocation of license for drug diversion from employer.

Hospital Telepharmacy Regulations

The Kansas State Board of Pharmacy promulgated regulations at the September Board meeting related to the use of video conferencing technology for hospital pharmacies. A licensed Kansas pharmacist at a central location may supervise a registered pharmacy technician or student at a remote Kansas hospital pharmacy communicating face to face in real time through audio and video computer links. This will permit rural or underserved citizens to have their hospital pharmacy services restored or retained to the same level as those hospitals with an in-house pharmacist. This process ensures the delivery of safe, high quality pharmacy services that can be at risk when the pharmacist is left out.

68-22-1. Definitions.

- (a) "Medical care facility" shall have the meaning provided in K.S.A. 65-1626(w), and amendments thereto.
- (b) "Pharmacy student" shall have the meaning provided in K.S.A. 65-1626(ee), and amendments thereto, and shall include a pharmacy intern registered with the board.
- (c) "Pharmacy technician" shall have the meaning provided in K.S.A. 65-1626(ff), and amendments thereto.
- (d) "Real-time," when used to describe the transmission of information through data, video, and audio links, shall mean that the transmission is sufficiently rapid that the information is available simultaneously to the electronically supervising pharmacist and the pharmacy student or pharmacy technician being electronically supervised in the medical care facility's pharmacy.
- (e) "Electronic supervision" shall mean the oversight provided by a pharmacist licensed in Kansas and supervising, by means of real-time communication equipment that meets the operating requirements listed in K.A.R. 68-22-5, a registered pharmacy student or pharmacy technician who is working in a Kansas medical care facility's pharmacy. (Authorized by K.S.A. 65-1630; implementing K.S.A. 2009 Supp. 65-1626, K.S.A. 2009 Supp. 65-1642, K.S.A. 65-1648, and K.S.A. 2009 Supp. 65-1663; effective November 18, 2011.)

68-22-2. Application for approval to utilize electronic supervision. The pharmacist in charge of any medical care facility's pharmacy located in Kansas and registered by the board who wants to seek approval for electronic supervision of a pharmacy student or pharmacy technician in that

medical care facility pharmacy shall submit an application to the board. Each application shall be submitted on a form provided by the board and shall include the following:

- (a) Identifying information concerning the applying medical care facility's pharmacy;
- (b) the type and operational capabilities of the computer, video, and communication systems to be used for the electronic supervision; and
- (c) a copy of the electronic supervision procedures manual and training manual approved by the pharmacist in charge of the medical care facility's pharmacy. (Authorized by K.S.A. 65-1630; implementing K.S.A. 2009 Supp. 65-1626, K.S.A. 2009 Supp. 65-1642, K.S.A. 65-1648, and K.S.A. 2009 Supp. 65-1663; effective November 18, 2011.)

68-22-3. Prior approval and training required.

- (a) The pharmacist in charge of a medical care facility's pharmacy shall not permit a pharmacy student or pharmacy technician to be in the pharmacy working under electronic supervision unless the pharmacy has a current approval for electronic supervision from the board.
- (b) The pharmacist in charge of a medical care facility's pharmacy shall not permit a pharmacy student or pharmacy technician to be in the pharmacy working under electronic supervision before completing the pharmacy's electronic supervision training course. (Authorized by K.S.A. 65-1630; implementing K.S.A. 2009 Supp. 65-1626, K.S.A. 2009 Supp. 65-1642, K.S.A. 65-1648, and K.S.A. 2009 Supp. 65-1663; effective November 18, 2011.)

68-22-4. Electronic supervision.

- (a) Only a pharmacist licensed by the board may electronically supervise a pharmacy student or pharmacy technician working in a medical care facility's pharmacy.
- (b) A pharmacist licensed by the board may be electronically connected to multiple medical care facility pharmacies at one time for the purpose of electronically supervising.
- (c) A pharmacist licensed by the board may electronically supervise no more than one pharmacy technician working in any medical care facility's pharmacy at one time.
- (d) No more than one pharmacy student or pharmacy technician that is being electronically supervised may work in a medical care facility's pharmacy at one time.

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2011-2012 Influenza Vaccines Approved by FDA

Food and Drug Administration (FDA) announced that it has approved the 2011-2012 influenza vaccine formulation for all six manufacturers licensed to produce and distribute influenza vaccine for the United States. The vaccine formulation protects against the three virus strains that surveillance indicates will be most common during the upcoming season and includes the same virus strains used for the 2010-2011 influenza season. The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months of age and older receive an annual influenza vaccination. Details about the new vaccines are available in an FDA news release at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm263319.htm, and information about the ACIP recommendations are available on the CDC Web site at www.cdc.gov/media/pressrel/2010/r100224.htm.

Another TEASpoon – mL Mix-Up



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency 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. ISMP is a federally certified patient safety organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also an FDA MedWatch partner. Call 1-800/FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

A few weeks ago ISMP heard from a mother whose child was accidentally given an overdose of an antibiotic. A pharmacist accidentally provided instructions on the prescription label for her child to receive 3.5 TEASpoonfuls of a liquid antibiotic for 10 days instead of 3.5 mL. The medication was dispensed in a 60 mL bottle. The child was given 3.5 TEASpoonfuls each day for three days. By the fourth day only one TEASpoonful (5 mL) was left in the bottle, so the mother called the pharmacy and learned that the dosage amount on the label was incorrect. The child experienced bouts of diarrhea and a yeast and fungal infection in the vaginal area.

Mix-ups between teaspoons and mL are common and have been happening for many years. ISMP first mentioned the problem in its June 28, 2000 newsletter article, "Oral liquid medications may be more vulnerable to errors than previously recognized" (www.ismp.org/Newsletters/acute/articles/20000628_2.asp). ISMP has received more than 50 similar errors in recent years, most resulting in patient harm. It is time to standardize to a single way of measuring liquid medications, using the metric system with volumes expressed in mL. If we all used the metric measurement when prescribing, dispensing, and administering medications, these types of mix-ups would no longer happen.

In response to ongoing errors, in June 2009, ISMP called for elimination of TEASpoonful and other non-metric measurements to prevent errors (www.ismp.org/pressroom/PR20090603.pdf). In May 2011, FDA published a guidance suggesting ways for manufacturers to improve the

labeling of over-the-counter (OTC) liquid drug products to minimize the risk of accidental overdoses (www.fda.gov/Drugs/DrugSafety/MedicationErrors/ucm253715.htm). Unfortunately, the guidance still mentions both TEASpoon and TABLESpoon. The Consumer Healthcare Products Association has also published guidelines (www.chpa-info.org/scienceregulatory/Voluntary_Codes.aspx#volumetricmeasure) to improve the format for volume measures within the dosing directions for OTC products. The abbreviation "mL" is recommended for use on accompanying dosing devices that measure OTC oral liquid drug products so they match the dosing directions in labeling for children. The group has also told companies to avoid directions that mention tablespoon, cubic centimeters (cc), dram, fluid ounce (Fl Oz), and dropper(ful), and to use mL as the sole unit of measure in the dosing directions or, alternatively, mL and the "TEASpoonful" equivalent (eg, 5 mL (1 TEASpoon)).

While these are excellent moves to improve safety, ISMP would like to see the complete elimination of TEASpoonful amounts and the abbreviation "tsp." Doses expressed using mL alone would be the best way to eliminate the risk of mix-ups. The ISMP board fully supports this initiative and is currently in the process of approving a formal ISMP position on this issue. ISMP hopes the health care industry will also support this initiative.

'Know Your Dose' Campaign Aims to Prevent Acetaminophen Overdose

The Acetaminophen Awareness Coalition, has launched www.KnowYourDose.org, a Web site aimed to educate consumers about the dangers of acetaminophen overdose and how to ensure that the correct, safe dosage is administered. "Know Your Dose" stresses to patients the importance of checking the labels of both prescription and over-the-counter medications for the amount of acetaminophen contained in order to ensure that they do not exceed recommended maximum dosage levels. Health care providers may order a free Know Your Dose kit that includes materials to help educate patients about safely using medications containing acetaminophen. The kit includes posters, information cards for patients, and a display holder for use in distributing the cards. Members of the Acetaminophen Awareness Coalition include Alliance for Aging Research, American Academy of Nurse Practitioners, American Academy of Physician Assistants, American Pain Foundation, American Pharmacists Association, CHPA Educational Foundation, National Association of Boards of Pharmacy® (NABP®), National Association of Chain Drug Stores, National Community Pharmacists Association, National Consumers League, and the National Council on Patient Information and Education. The campaign was developed under advisement from the American Academy of Pediatrics, CDC, and FDA.

Methylene Blue and Linezolid May Interact With Certain Psychiatric Medications

FDA has issued two safety communications regarding adverse drug reactions in patients taking certain psychiatric medications, and also given methylene blue or linezolid (Zyvox®). Specifically, FDA has received reports of serious central nervous system reactions in patients taking serotonergic psychiatric medications who are also given methylene blue, a product commonly used in diagnostic procedures. FDA explains that "[a]lthough the exact mechanism of this drug interaction is unknown, methylene blue inhibits the action of monoamine oxidase A – an enzyme responsible for breaking down serotonin in the brain. It is believed that when methylene blue is given to patients taking seroto-



nergic psychiatric medications, high levels of serotonin can build up in the brain, causing toxicity. This is referred to as Serotonin Syndrome. Signs and symptoms of Serotonin Syndrome include mental changes (confusion, hyperactivity, memory problems), muscle twitching, excessive sweating, shivering or shaking, diarrhea, trouble with coordination, and/or fever.” FDA has published a list of the serotonergic psychiatric medications that can interact with methylene blue, available at www.fda.gov/Drugs/DrugSafety/ucm263190.htm#table, and advises that “Methylene blue should generally not be given to patients taking serotonergic drugs.” Exceptions and more information for health care providers and patients are available in an FDA Drug Safety Communication available at www.fda.gov/Drugs/DrugSafety/ucm263190.htm.

Similar reports of interactions between certain serotonergic psychiatric medications and the antibacterial drug, linezolid (Zyvox) have also been reported to FDA. FDA has published a list of the serotonergic psychiatric medications that can interact with linezolid, available at www.fda.gov/Drugs/DrugSafety/ucm265305.htm#table, and advises that “Linezolid should generally not be given to patients taking serotonergic drugs.” Exceptions and more information about the linezolid interaction for health care providers and for patients are available in an FDA Drug Safety Communication available at www.fda.gov/Drugs/DrugSafety/ucm265305.htm.

NABP Looking For Item Writers to Develop New Questions for NAPLEX, MPJE, FPGEE, and PCOA

NABP is seeking individuals to serve as item writers for the North American Pharmacist Licensure Examination® (NAPLEX®), Multistate Pharmacy Jurisprudence Examination® (MPJE®), the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®), and the Pharmacy Curriculum Outcomes Assessment® (PCOA®).

Pharmacists in all areas of practice and faculty from schools and colleges of pharmacy are encouraged to apply. To be considered as an item writer for the NAPLEX and MPJE, pharmacists must have at least two years of pharmacy practice experience.

Item writers will be selected based on the specific needs of the programs. Those who are chosen will be asked to attend a workshop at NABP Headquarters with travel, lodging, and ancillary expenses paid by NABP.

Attendees will receive detailed instructions and training materials describing the item-writing process and content-related requirements for their designated examination. Item writers will then be asked to develop new test items that will be considered for inclusion in NABP licensure and certification and assessment examination programs.

The NAPLEX is an examination consisting of 185 selected-response and constructed-response test questions, the majority of which are asked in a scenario-based format, that covers important information about the knowledge, judgment, and skills an entry-level pharmacist is expected to demonstrate. The three competency areas of the examination are:

- ◆ Assess pharmacotherapy to ensure safe and effective therapeutic outcomes
- ◆ Assess safe and accurate preparation and dispensing of medications
- ◆ Assess, recommend, and provide health care information that promotes public health

The MPJE is a computer-based examination that consists of 90 select-response items. It combines federal and state-specific questions that test the pharmacy jurisprudence knowledge of prospective pharmacists on the following areas:

- ◆ Legal aspects of pharmacy practice, including responsibilities with regard to the distribution and dispensing of pharmaceuticals and for the care of patients
- ◆ Licensure, registration, certification, and operational requirements
- ◆ Regulatory structure and terms of the laws and rules that regulate or affect pharmacists, pharmacies, manufacturers, and distributors

The FPGEE is a comprehensive examination consisting of 250 multiple-choice questions that measures four major pharmacy content areas:

- ◆ Basic biomedical sciences
- ◆ Pharmaceutical sciences
- ◆ Social/behavioral/administrative pharmacy sciences
- ◆ Clinical sciences

The PCOA is a 220-question, multiple-choice assessment that is administered to pharmacy students in all four professional years. The assessment follows a blueprint that reflects actual curriculum hours established through a national sample of PharmD programs in the US and is broken down into the following four areas:

- ◆ Basic biomedical sciences
- ◆ Pharmaceutical sciences
- ◆ Social, behavioral, and administrative pharmacy sciences
- ◆ Clinical sciences

Interested individuals should mail or fax a letter of interest indicating their current practice/educational setting, specialties/certifications, and years of experience, along with a resume or curriculum vitae via mail to NABP Executive Director/Secretary Carmen A. Catizone at 1600 Feehanville Drive, Mount Prospect, IL 60056; via e-mail at exec-office@nabp.net; or via fax at 847/391-4502.

Please note, applications are accepted on a continuous basis and kept on file for a period of five years. For more information about item writing, contact NABP at custserv@nabp.net.

Clarification Regarding Pradaxa Storage and Handling Requirements

An FDA alert released in March 2011 details important storage and handling guidelines for Pradaxa® (dabigatran etexilate mesylate) capsules, as reported in the third quarter NABP *National Pharmacy Compliance News*. As a point of clarification, the FDA-approved Pradaxa label states that once opened, the product must be used within 30 days. FDA is currently reviewing data that indicate no significant loss of potency up to 60 days after the bottle is opened as long as Pradaxa is stored in the original bottle and the handling requirements are met. An FDA Drug Safety Communication available at www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm249005.htm provides more details, and the manufacturer’s Pradaxa safety information is available at www.pradaxa.com by clicking on the link for “Important Storage & Handling Information” at the top of the page.

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(e) Electronic supervision conducted in conformance with these regulations shall constitute direct supervision. (Authorized by K.S.A. 65-1630; implementing K.S.A. 2009 Supp. 65-1626, K.S.A. 2009 Supp. 65-1642, K.S.A. 65-1648, and K.S.A. 2009 Supp. 65-1663; effective November 18, 2011.)

68-22-5. Minimum operating requirements.

(a) A pharmacy student or pharmacy technician may enter the pharmacy without a pharmacist present for purposes of turning on the data, video, or audio links and determining if a pharmacist is available for electronic supervision.

(b) Electronic supervision shall not be permitted if an interruption occurs in any of the data, video, or audio links. Whenever an interruption in any of the data, video, or audio links occurs, no medication order shall be filled or dispensed using electronic supervision.

(c) Data entry may be performed by the electronically supervising pharmacist or the pharmacy student or pharmacy technician being electronically supervised. Each entry performed by an electronically supervised pharmacy student or pharmacy technician shall be verified by the electronically supervising pharmacist before the drug leaves the pharmacy.

(d) All medication orders processed by a pharmacy student or a pharmacy technician being electronically supervised shall be capable of being displayed on a computer terminal at both the location of the electronically supervising pharmacist and the medical care facility's pharmacy. The quality of the image viewed by the pharmacist shall be sufficient for the pharmacist to be able to determine the accuracy of the work of the pharmacy student or pharmacy technician.

(e) All patient demographic information shall be viewable in real time at both the location of the electronically supervising pharmacist and the medical care facility's pharmacy.

(f) Before a drug leaves the medical care facility's pharmacy, all of the following requirements shall be met:

(1) The electronically supervising pharmacist shall utilize the data, audio, and video links and review the patient profile, the original scanned medication order, and the drug to be dispensed to ensure accuracy.

(2) The supervising pharmacist, pharmacy student, or pharmacy technician shall cause an electronic or paper image of the medication order and the drug, as seen by the electronically supervising pharmacist, to be captured and retained in the electronic or paper records of the medical care facility's pharmacy for the same time period as that required for the written medication order.

(3) The supervising pharmacist, pharmacy student, or pharmacy technician shall cause a paper or electronic record that includes the patient's name, the medication order number, the name of the pharmacy student or pharmacy technician, and the name of the electronically supervising pharmacist to be made.

(4) The pharmacist in charge of the medical care facility's pharmacy shall ensure that controls exist to protect the privacy and security of confidential records.

(5) The supervising pharmacist, pharmacy student, or pharmacy technician shall cause a permanent digital record of all duties electronically supervised and all data transmissions associated with the electronic supervision to be made. Each record shall be maintained for at least five years. (Authorized by K.S.A. 65-1630;

implementing K.S.A. 2009 Supp. 65-1626, K.S.A. 2009 Supp. 65-1642, K.S.A. 65-1648, and K.S.A. 2009 Supp. 65-1663; effective November 18, 2011.)

The Board of Pharmacy issued a guidance paper to provide additional information related to the regulations. The pharmacist-in-charge of the medical care facility that wishes to use remote supervision must fill out an application with the Board of Pharmacy prior to using electronic supervision. The Board will issue a permit to the remote location. The Kansas-licensed pharmacist that is supervising a technician or pharmacy student remotely can be employed by the medical care facility or have a contractual relationship with the hospital. The licensed pharmacist may supervise only one individual at the remote hospital site. The individual under supervision may be either a pharmacy technician that has been registered with the Kansas State Board of Pharmacy or a pharmacy student currently enrolled in an accredited pharmacy school who has been registered with the Kansas State Board of Pharmacy. The pharmacy technician or pharmacy student does not have to be designated for an entire shift and the pharmacy technician or pharmacy student may be changed during the course of the day.

There may only be one pharmacy technician or pharmacy student in the remote hospital site working at a time. A licensed Kansas pharmacist may supervise more than one pharmacy technician or pharmacy student remotely at different remote hospital sites but they may only review the work of one pharmacy student or pharmacy technician at one time. This means that the supervising pharmacist may not use a split screen to review the work of more than one pharmacy technician or student at a time.

The supervising pharmacist may review a cart fill run from a list of medications generated by an automated dispensing cabinet or from the patient's medication administration record. The pharmacy technician or student may refill automated dispensing machines under electronic supervision.

Records must be maintained for five years. If a remote medical care facility does not have an order numbering system, the pharmacist shall record the identifying information the remote medical care facility uses.

If your hospital is interested in using electronic supervision please contact the Board office for an application.

CPE Monitor Service

CPE Monitor™ is a national, collaborative effort by the National Association of Boards of Pharmacy® (NABP®) and Accreditation Council for Pharmacy Education (ACPE) to provide an electronic system for pharmacists and pharmacy technicians to keep track of the continuing pharmacy education (CPE) credits they have received. ACPE-accredited CPE providers will begin integrating CPE Monitor into their systems in the beginning of 2012, with the majority anticipated to have completed the transition by mid-year. As providers implement the system, anyone registering for ACPE-accredited CPE with that provider will be required to provide his or her e-profile ID number and birth date (MMDD). All ACPE providers must transition to the new system by December 31, 2012.

To obtain your unique NABP e-profile ID number register for CPE Monitor at www.MyCPEmonitor.net.