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Kansas State Board of Pharmacy

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Board Member Appointments

Congratulations to Kansas State Board of Pharmacy member Nancy Kirk of Topeka, KS, who was reappointed to her second term as the public representative on the Board by Governor Mark Parkinson. Ms Kirk has a master's degree in social work from the University of Kansas. She served 12 years in the Kansas House of Representatives, and currently serves on the Shawnee County Advocacy Council on Aging, the Topeka USD 501 School Board, and the Advisory Board to the University of Kansas School of Social Welfare. Ms Kirk is a past board member of the YWCA and served on the Kansas Health Care Association Board of Directors.

Jim Garrelts, PharmD, FASHP, has been appointed to his first term on the Board. He is director of pharmacy at Via Christi Regional Medical Center in Wichita, KS. He is also a research associate professor in the Department of Radiology at the University of Kansas School of Medicine-Wichita and an adjunct clinical assistant professor in the Department of Pharmacy Practice at the University of Kansas School of Pharmacy. Dr Garrelts obtained his bachelor of science in pharmacy in 1981 from the University of Kansas and his doctor of pharmacy degree from the University of Texas and the University of Texas Health Science Center in 1983. He also completed a specialty residency in clinical pharmacokinetics at the University of Texas Health Science Center and the Audie L. Murphy Memorial Veteran's Hospital from 1983 to 1984. Dr Garrelts is a Fellow of the American Society of Health-System Pharmacists (FASHP) and is a charter member of the Society of Infectious Diseases Pharmacists, a member of the Kansas Council of Health-System Pharmacists and the American Society of Health-System Pharmacists (ASHP). He has won numerous honors and awards, including the ASHP Award for Innovation in Pharmacy Practice in 2008. Dr Garrelts is active on many boards and has researched and published a number of articles related to pharmacotherapy. Dr Garrelts succeeds JoAnne Gilstrap, RPh, on the Board.

The Kansas State Board of Pharmacy and staff welcome Ms Kirk and Dr Garrelts and wish them great success and accomplishment during their tenure on the Kansas State Board of Pharmacy. The Board also greatly appreciates the years of dedicated service and leadership provided by Ms Gilstrap.

2009 Legislative Changes

The 2009 Legislative Session produced several changes to the Kansas Pharmacy Act. Senate Bill (SB) 248 was amended into SB 33 creating a statewide electronic logging system for the sale of methamphetamine precursors. This was recommended by the Kansas Methamphetamine Precursor Scheduling Task Force that met over the last year pursuant to a proviso from the 2008 Legislative Session. The Task Force was chaired by Board member Michael Coast, RPh, of Cimarron, KS, and included many stakeholders from health care, law enforcement, and public communities. SB 33 also requires the Board of Pharmacy to establish and maintain a statewide electronic logging system documenting the sale of any compound, mixture, or preparation containing pseudoephedrine, ephedrine, or phenylpropanolamine. The sales of methamphetamine precursors that are prescribed are excluded from the requirements of the logging system. The act will become law on July 1, 2009, and the Board is required to promulgate rules and regulations within six months of the effective date of the act. The Board will be allowed to issue a waiver exempting a pharmacy from compliance with electronically submitting the information under certain limited circumstances. The cost of establishing and maintaining the system will be borne by the state, other non-state units of government, private entities, or others. As written in the law, pharmacies are not required to bear the costs associated with establishing or maintaining the program.

In addition, SB 33 amended existing law regarding the maintenance of a list of the names of pharmacy technicians currently on duty on a duty board posted conspicuously in the prescription area of the pharmacy. The amended statute requires the pharmacy technician registration card, provided by the Board of Pharmacy, to be posted in the prescription area of the pharmacy at all times, regardless of whether the technician is on duty or not so that inspectors may have access to the registration information at any time. If the pharmacy technician is a floater, they can make a copy of their card for other pharmacy locations. This change will assist the pharmacist-in-charge and the inspectors regarding the validation of technician registrations.

SB 33 also increases the number of Board members from six to seven, effective July 1, 2009. The Board will consist of six pharmacists and one public member. Additionally, the term of office was extended from three years to four years, effective July 1, 2009. The terms of each existing member will be extended by one year, effective July 1, 2009 as well.

The final provision of SB 33 permits the Board of Pharmacy to fingerprint and background any original license or registration applicant, any reinstatement license or registration applicant, or any licensee

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NABP Seeking Pharmacists in All Practice Areas to Take Survey

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at *www .zoomerang.com/Survey/?p=WEB2297C9ZRC3F,* will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure. Questions may be directed to custserv@nabp.net or 847/391-4406.

Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

A Trend with Deadly Consequences

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and "street drugs" are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to "get high" than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, "[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill."

Prescription Drugs of Choice for Teens

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried marijuana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens), ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

Why Teens Choose Prescription Medications

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP's 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation's Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends' homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

Stemming the Growth of Prescription Drug Abuse

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104th Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104th Annual Meeting: "We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces drug use by 50%." Similar to past drug prevention programs that

focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: "The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home."

More information and resources are available on the Partnership Web site at *www.drugfree.org*.

Health Care Consumers: Essential Partners in Safe Medication Use

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 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 a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) 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 study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time for speaking with patients and lack of appropriate written materials. Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5th grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9th to 12th grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- Are less likely to adhere to prescribed treatment and self-care regimens
- Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, *www.ismp.org*, and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at *www.ConsumerMedSafety.org*. ISMP allows and encourages all state board Web sites to link to this new consumer patient safety Web site.

FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

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or applicant that is being investigated. This legislation is important because the entire health care services delivery chain faces a range of risk and compliance needs. Hospitals, clinics, and pharmacies rely on the Board of Pharmacy, in part, to check out job applicants. In 2006, health care was the largest industry in the country, creating 14 million jobs. The rationale for backgrounding health care workers is that many patients are vulnerable and dependant on supportive care services. Surrounding states have also found it necessary to background wholesale drug distributors. A professional background check will provide additional protection to the citizens of Kansas.

The fee for fingerprinting shall be borne by the licensee or registrant and will be passed through to the Kansas Bureau of Investigation to cover costs associated with providing a record of criminal history to the Board. The statute is effective July 1, 2009, and the Board will promulgate rules and regulations implementing the backgrounding requirements. It is anticipated that the rules will be in place in 2010.

Continuous Quality Improvement

In July 2008, KSA 65-1695 began requiring each pharmacy to establish a continuous quality improvement (CQI) program. Effective April 10, 2009, KAR 68-19-1 required that each CQI program meet minimal requirements. Specifically, each pharmacy other than a hospital pharmacy must meet at least once each quarter of each calendar year. The Board will be requiring each pharmacy to have had one meeting by September 30, 2009. The pharmacist-in-charge must attend the meeting and review each incident report generated during the past quarter. For each incident, the meeting personnel must establish steps to be taken to prevent a recurrence of the incident. A report shall be maintained that states the list of persons in attendance, a list of the incident reports reviewed, and a description of steps taken or to be taken to prevent a recurrence of the incident. On October 24, 2008, the Board revised the definition of an incident pursuant to KAR 68-7-12b. As soon as possible after discovery of an incident the pharmacist-in-charge shall be notified of the incident and a report prepared. Each employee involved in the incident shall sign the incident report. Reports shall be maintained for a period of five years.

Disciplinary Actions

Matthew Gray, Technician, Registration Number 14-03791: Registration revoked. Diversion of controlled substances (hydrocodone, alprazolam, diazepam, and promethazine/codeine syrup) from employer.

Michael O. Stephens, Technician, Registration Number 14-02029: Registration revoked. Diversion of controlled substances (Opana®, OxyContin®, oxycodone, Avinza®, morphine, Percocet®, methadone, Endocet®, codeine sulfate, hydropmorphone, meperidine, and Methadose®) from employer.

Mark C. Poindexter, Technician, Registration Number 14-03566: Final Agency Action: Registration revoked for unprofessional conduct for exploitation of persons with drug seeking tendencies; for his usurpation of the duties and responsibilities of a pharmacist; for misleading and concealing information from the Board; and for numerous violations of the pharmacy laws. $2,000 fine for undertaking the duties and judgments of a pharmacist without the training and licensing of a pharmacist; $2,000 fine for drop shipping violations; $2,000 fine for failing to label repackaged drugs.

Jolane Poindexter, Technician, Registration Number 14-02565: Final Agency Action: Registration revoked for unprofessional conduct for exploitation of persons with drug seeking tendencies; for usurpation of the duties and responsibilities of a pharmacist; for the alteration of patient records under her direction; for misleading and concealing information from the Board; and for numerous violations of the Pharmacy Act. $5,000 fine for instructing a pharmacy technician to alter patient records; $5,000 fine for undertaking the duties and judgment functions of a pharmacist; $5,000 fine for drop shipping violations; $5,000 fine for failing to label repackaged drugs.

Rick A. Kloxin, RPh, License Number 1-09437: Final Agency Action: License revoked for unprofessional conduct for exploitation of persons with drug seeking tendencies; for failure to train and supervise pharmacy technicians; for misleading and concealing information from the Board; and for numerous violations of the Pharmacy Act including failure to counsel patients. $1,000 fine for adulteration of records by a pharmacy technician; $1,000 fine for allowing untrained and unlicensed individuals to fill medication bottles; $1,000 fine for failing to properly supervise pharmacy technicians; $1,000 fine for the conduct of pharmacy technicians in approving and denying medication order; $2,000 fine for failing to interpret and verify patient medication records; $2,000 fine for failing to counsel customers; $2,000 fine for dispensing medication prescribed by an unauthorized prescriber; $1,000 fine for drop shipping violations; $1,000 fine for failing to prepare incident reports; $1,000 fine for failing to label repackaged drugs.

Hogan's Pharmacy, Registration Number 2-09719. Final Agency Action: Registration revoked for unprofessional conduct, incompetence, discipline in other states, and numerous violations of the Pharmacy Act. $1,000 fine for adulteration of records by a pharmacy technician; $2,000 fine for allowing untrained and unlicensed individuals to fill medication bottles; $1,000 fine for failing to properly supervise pharmacy technicians; $1,000 fine for the conduct of pharmacy technicians in approving and denying medication orders; $5,000 fine for failing to interpret and verify patient medication records; $5,000 fine for dispensing medication prescribed by an unauthorized prescriber; $1,000 fine for drop shipping violations; $1,000 fine for failing to prepare incident reports; $1,000 fine for failing to label repackaged drugs.

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, Inc, to promote voluntary 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 the Foundation or the Board unless expressly so stated.

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