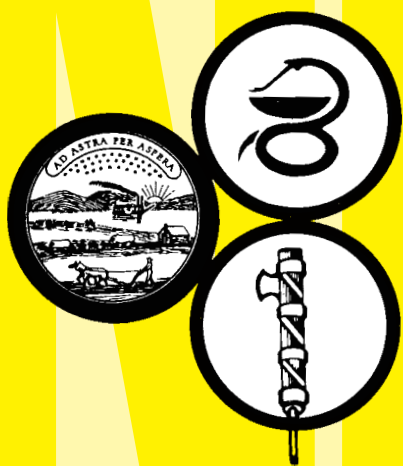


December 2000



Kansas State Board of Pharmacy

Landon State Office Building
900 Jackson, Room 513
Topeka, KS 66612

Published to promote voluntary compliance of pharmacy and drug law.

New E-mail Address

The e-mail address for the Kansas State Board of Pharmacy is pharmacy@ink.org. Please use this address when communicating with the Board or Board office via the Internet. The Board of Pharmacy Web site remains at www.ink.org/public/pharmacy.

New Executive Secretary

It is with great pleasure that the Kansas State Board of Pharmacy announces the hiring of Susan Linn as the new executive secretary. Ms Linn joined the office staff November 13, 2000. She is a graduate of Pittsburg State University with a BA in library science. She has been the executive director of the Kansas Psychological Association for the past five years. We welcome her experience and enthusiasm. Please join the Board in extending a warm welcome to Ms Linn.

New Inspector

The Board has taken applications for a new inspector in northeast Kansas. Please extend a warm welcome to new inspectors when they identify themselves. Greg Schmack has returned to the world of retail pharmacy, and the Board staff and the Board wish him well.

Loss and Theft – DEA 106

When a theft or significant loss of any controlled substance occurs, upon the discovery of such theft or loss the registrant shall notify the Drug Enforcement Administration (DEA) (CFR 1301.74(c)). Thefts must be reported whether or not the controlled substances are recovered and whether or not the people responsible for the thefts are identified and action is taken against them. The DEA 106 should be completely filled out. A file should be maintained with the other controlled substance records. This file will help determine how many thefts/losses have occurred within the last 24 months, account for the disposition/distribution of the controlled substance, determine if there is an internal problem, or if there is a security problem that needs to be addressed. The pharmacy needs to maintain a copy to account for the disposition of the controlled substance. As an example, if a 500-count bottle of hydrocodone 7.5 mg/acetaminophen

500 mg is stolen and several months later an audit is done by an inspector and there is no DEA 106 on file to cover the missing quantity, then the pharmacy would be short 500 tablets. Documentation must exist as to the disposition of controlled substances, whether it is a prescription, invoice, or DEA 106.

If the loss occurs while the drug is **in transit** from the distributor or manufacturer to the pharmacy, the distributor or manufacturer shall be responsible for reporting the loss.

Pharmacist Survey

Pharmacists with licenses ending in an even number were requested to complete a survey. The Board received 848 surveys from the Kansas pharmacists renewing this year (73% return rate). Based on the results, Kansas pharmacists are **“Least Satisfied”** by the lack of notification when there is a change in pharmacy laws (rating 4.85). Of **“Least Importance”** was receiving exam results quickly (rating 5.13). Kansas pharmacists are **“Most Satisfied”** with how well the inspectors answer their questions (rating 5.49). The item that was rated as **“Most Important”** was also how well the inspectors answer their questions (rating 5.63). The surveys contained many additional comments. The Board appreciates the time pharmacists took in answering and returning the surveys. The information should help the Board address some of the concerns between the Board office and pharmacists.

What is Approved CE?

K.A.R. 68-1-1b(c) states, “All continuing education programs (CE) recognized by the American Council on Pharmaceutical Education (ACPE) shall be approved by the Board.” The Board has the authority to approve other CE. Currently the following are approved as “countable” CE.

- ◆ **“ACPE”**: Any continuing education program that has the ACPE seal may be used to fulfill the continuing education requirements for relicensure.
- ◆ **“CME Category 1”**: The Board has approved the acceptance of any Continuing Medical Education Category 1.

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◆ **Attendance:** For each two (2) hours of attendance at a scheduled Kansas State Board of Pharmacy meeting, 0.1 CEU will be given to a maximum of 0.8 CEU for each biennial licensure period.

◆ **Other:** To receive approval for continuing education not covered in the above three categories, the CE program shall be submitted to the Board at least 120 days in advance. A CE approval form may be requested from the office.

The office cannot accept any continuing education that does not have Board approval.

Pharmacist – Change of Address

Per K.S.A. 65-1633, every pharmacist who changes residential address **shall notify** the executive secretary by letter within 30 days. This notification can be mailed to Kansas State Board of Pharmacy, 900 SW Jackson, Room 513, Topeka, KS 66612 or can be faxed to the Kansas State Board of Pharmacy at 785/296-8420. Without current addresses, renewal notices are returned to the office to wait for pharmacists to discover they did not receive their notice. Renewal after the 30-day grace period doubles mailing costs, so keep us informed of where your mail should be sent.

Inspection Forms

The inspectors will be using new forms in coming months. The inspection forms will indicate what regulation or statute is being assessed. This should help all pharmacies to be inspected consistently and will remove from the forms anything that does not originate in the Kansas Pharmacy Practice Act. Currently, the plan is to mail a copy of the completed inspection form back to the pharmacy after it has been sent electronically to the Board office. The inspectors will also have another form, “Results of Inspection,” that will be used to identify violations that need to be corrected. The form will specify how long the violation correction is expected to take and when the response is due back to the inspector. This will give the pharmacist-in-charge time to address noncompliance issues that do not cause public harm and devise a plan of correction.

Biennial Inventory

◆ **What is a biennial inventory?** A biennial inventory is a complete and accurate record of **all** controlled substances on hand on the date an inventory is taken.

◆ **How is it documented?** The biennial inventory shall be maintained in written, typewritten, or printed form at the registered location. If the inventory is taken by use of an oral recording device, it must be promptly transcribed.

◆ **What constitutes “on hand?”** Controlled substances shall be deemed to be “on hand” if they are in the possession of, or under the control of, the registrant, including substances returned by a customer, or ordered by a customer but not yet picked up/invoiced. In hospitals, this includes controlled substances not only in the pharmacy, but also in operating rooms, emergency rooms, hospital ambulances, emergency kits, and other units.

◆ **When is it done?** After the initial biennial inventory, a new inventory is taken at least every two years thereafter. It may be taken on any date, which is **within** two years of the previous inventory date. The minimum is every two years; more often is acceptable.

◆ **How long is the inventory kept?** Records must be kept for five (5) years.

◆ **Exact or estimate?** If the substance is listed in Schedule II, an exact count is required. If the substance is listed in Schedule III, IV or V, an estimated count is acceptable **if** the container holds 1,000 tablets/capsules or fewer. If it holds more than 1,000 units, then an exact count is required.

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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