Kansas Board of Pharmacy

NEWSLETTER

Compliance | Licensing & Registration | K-TRACS

Vol. 43 | Issue 6 | November 2024

What's Inside:

Warning: Fraud and Impersonation

The Board has received an increase in the number of reports from healthcare providers, including prescribers and pharmacists, of malicious actors utilizing fraud and impersonation techniques for unlawful purposes. Reports include fake requests for prior authorizations, fraudulent electronic prescriptions, attempts to impersonate healthcare providers and/or regulators, and requests for protected health information. If you are unsure of the validity of a call, email, fax, prescription, or request for information or documentation, please slow down and independently verify the accuracy of the contact and the request. The Board also recommends pharmacy personnel exercise patience when dealing with other healthcare team members who may be attempting to verify contacts and requests from pharmacies, including prior authorizations for prescriptions.

Compounding Coalition Seeks Members

The coalition will be comprised of subject matter experts from diverse practice settings to advise on clear and consistent regulatory language, and the development of educational materials for pharmacies and inspectors with the ultimate purpose to maintain patient access and public safety.

Pharmacists interested in joining the Coalition should connect with Joanna Robinson, jrobinson14@kumc.edu

Objectives:

1. Educational outreach: Develop and distribute educational resources that facilitate understanding and compliance with state regulations
2. Stakeholder engagement: Establish and maintain open channels for gathering and integrating stakeholder feedback
3. Technological Integration: Utilize digital tools and platforms to improve the dissemination and accessibility of compounding resources
4. Ongoing adaptation: Ensure that regulatory language and educational materials remain in alignment with industry standards and best practices

Scope:

This coalition will encompass all aspects of pharmacy compounding; including, but not limited to, sterile and non-sterile non-hazardous compounding, sterile and non-sterile hazardous compounding, and radiopharmaceuticals.

Membership: This coalition will be led by a designated chairperson and vice chairperson. Subject matter experts in the following areas will be represented:

- Home Infusion
- Nuclear pharmacy
- Independent pharmacy
- School of pharmacy
- Health-System pharmacy
- Critical Access Hospital pharmacy
- Veterinary pharmacy
- Nuclear pharmacy
- 503B pharmacy
- Additional subject matter experts may be invited ad hoc to support applicable agenda items

Meetings:

- Frequency: Quarterly
- Format: Virtual meetings

Communication:

The chairperson or vice chairperson will provide quarterly updates to the Board and/or other stakeholder organizations summarizing progress and regulatory language suggestions.

Required Survey on GLP-1 Medications

The Board is conducting an audit of administration, dispensing, and/or sale of GLP-1 medications in resident pharmacies and outsourcing facilities. The survey is **required** to be completed by each pharmacist-in-charge or their designee **no later than November 20, 2024**. Facility name and registration number will be collected to ensure all pharmacies and outsourcing facilities have responded.

Only facilities located in Kansas should complete the survey (and only submit one response).

Complete the Mandatory Survey

Announcements

- The Board recommends you verify the registration status of each pharmacy technician in your pharmacy at least twice a year in November (after the technician registration expiration date) and May (after the CE audit and tech exam waivers). Check using the eLicense Portal.
- If a pharmacy technician has already passed an approved exam, please email pharmacy@ks.gov, fax or mail a copy of the certificate to the Board office along with the pharmacy technician name and Kansas registration number.
- The National Association of Boards of Pharmacy has released a new Dispenser Guide to Achieving Drug Supply Chain Security Act (DSCSA) Compliance. To request a copy, sign up for the Pulse by NABP Mailing List at https://pulse.pharmacy/about/sign-up/.

Hearing on Administrative Regulation

The Board is conducting a public hearing on Wednesday, December 11, 2024, at 8:30 a.m. at 800 SW Jackson, Lower Level, Topeka, Kansas, to review and consider the adoption of K.A.R. 68-7-20a. The proposed regulation addresses the practice known as “white bagging” in the pharmacy setting, which includes patient-specific medications being dispensed from a third-party specialty pharmacy to an administration site for direct patient administration.

The Board strongly encourages interested parties to submit written comments prior to the public hearing by mail to 800 SW Jackson, Suite 1414, Topeka, Kansas 66612-1244, or by e-mail to pharmacy@ks.gov, and/or provide oral comments at the public hearing either in person or virtually. Meeting information and copies of the proposed regulation can be found on the Board website under Proposed State Reg Changes: https://www.pharmacy.ks.gov/legal/proposed-state-reg-changes.

National News

Read the latest news from the National Association of Boards of Pharmacy
>> Read National News

Revoked Licenses & Registrations

In an effort to provide greater transparency to pharmacists, the Board will publish a list of revocations and suspensions against Kansas pharmacists, interns, and technicians in its quarterly Newsletter. The Board encourages the pharmacist-in-charge to verify the registration status of all employed technicians at least twice a year (June and November are 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.

Please take notice of the Board's revocation action taken on these licenses, permits, and registrations:

- Bouse, Amber, 14-103131, Case 24-252
- Kirkpatrick, Forest, 14-14980, Case 24-288
- Williams, Tiffany, 24-119497, Case 24-277

CONTINUING EDUCATION

November 2024

TOPICS COVERED:

CQI Program Changes
Pharmacy Technician Training
K-TRACS Error Correction
Expiration Dates of Prescriptions

This course meets requirements of K.A.R. 68-1-1b for all pharmacists renewing KBOP licenses in 2026 and 2027. Please read the content in this section in its entirety, then visit the evaluation link located on the last page of this section to assess your knowledge and complete the course.

This course is available for 0.5 hour of ACPE credit for pharmacists and technicians. The Kansas State Board of Pharmacy has collaborated with the Accreditation Council for Pharmacy Education to award continuing pharmacy education credit for this activity: KS7002-0000-24-001-H03-P and KS7002-0000-24-001-H03-T (0.5 contact hours, knowledge-based activity).

This continuing education course expires October 31, 2026.

Continuous Quality Improvement (CQI) Program Changes

In 2008, the Kansas legislature passed a bill that became effective in April 2009. The bill required pharmacies to participate in a continuous quality improvement (CQI) program to assess errors that occurred in dispensing and to determine the appropriate action to be taken to prevent the errors from occurring in the future. This bill became K.S.A. 65-1695.

CQI is considered confidential and not subject to discovery, subpoena or other means of legal compulsion. The results of CQI, and the reports and records, are to be made available for inspection by the Board/inspectors.

The Board of Pharmacy was tasked by the Kansas Legislature to write regulations for the implementation of the CQI program. The initial regulations became effective April 10, 2009. After 15 years, the program needed to be refreshed and updated.

The Board of Pharmacy adopted new CQI regulations in July 2024 that have changed the CQI process. The regulations are as follows:

K.A.R. 68-19-1. Minimum program requirements. Each pharmacy's continuous quality improvement program shall meet the following minimum requirements:

(a) The pharmacist-in-charge or the pharmacist-in-charge's designee shall start reviewing each incident report within seven days, and the pharmacist-in-charge shall complete the review of each incident report within 30 days of the incident report's creation. The pharmacist-in-charge shall document and perform the following as part of the review process:

(1) Communicate with each employee involved in the incident;

(2) complete a root cause analysis of the incident report; and

(3) create a corrective action plan for the incident.

(b) No later than the 15th day of each February, April, June, August, October, and December, the pharmacist-in-charge shall create a summary and communicate the information from the summary to each licensee and registrant under the pharmacist-in-charge's supervision. The summary shall include the following information from the two previous calendar months:

(1) Each type of incident reported, including each identified prescription number involved;

(2) each root cause analysis completed;

(3) each corrective action plan created; and

(4) evaluation of the outcomes and effectiveness of each correction action plan from the monthly summaries for the previous four months.

If the pharmacy did not have any new incident report, root cause analysis, or corrective action plan since the last summary, the pharmacist-in-charge shall create a null report. "Null report" means a report that states that the pharmacy did not have any new incident reports, root cause analyses, or corrective action plans.

(c) The pharmacy shall maintain a copy of each summary and null report in a readily retrievable format for a period of at least five years.

(d) Any pharmacy that actively reports to a patient safety organization certified by the secretary pursuant to 42 U.S.C. § 299b-24, and amendments thereto, that has a primary mission of continuous quality improvement, shall be exempt from the requirements set forth in paragraphs (a)(2), (a)(3), (b)(2), and (b)(3) of this regulation. The pharmacy shall maintain a record of the pharmacy's membership with the patient safety organization in a readily retrievable format for a period of five years.

These new regulations went into effect in August 2024. Knowing that pharmacies will need time to make the necessary changes, the implementation date will be February 1, 2025. At that time, every pharmacy dispensing prescriptions will need to be compliant with the new regulations.

Why were the regulations changed?

The program was originally implemented to decrease the errors making their way out of the pharmacy and into the hands of the patients. Many pharmacies did see a decrease in the errors and the safety of patients was greatly improved.

Over the years, the inspectors have noticed a slowly increasing number of incidents. Much of the documentation on how to prevent recurrence of the errors was simply for the pharmacist or technician to "slow down."

It is true that large workloads lead pharmacy staff to feel the need to rush. Many pharmacies are trying to compete with the time matrix established by their corporations or owners. These demands lead pharmacists and technicians to try to rush the process of filling prescriptions. Rushing leads to more errors, so in some cases, slowing down is appropriate.

However, there is more to error prevention than just slowing down.

What are the big changes to the CQI process?

1. Communicate with each employee involved in the incident.
2. Complete a root cause analysis.
3. Create a corrective action plan.
4. Create a summary and communicate its contents with staff by the 15th of each even month.
5. The ability to actively participate in a PSO (Patient Safety Organization) to fulfill some of the CQI requirements.
6. Review of an incident begins within seven days of becoming aware of the incident.
7. Review of the incident must be completed within 30 days of the incident report's creation.

Who is responsible for the CQI?

1. The pharmacist-in-charge (PIC) has the ultimate responsibility to make sure the program is established and maintained.
2. A pharmacist that becomes aware of an incident shall report the incident to the PIC and shall prepare an incident report per K.A.R. 68-7-12b.
3. Ultimately, everyone is responsible to work to decrease the errors in the pharmacy.

When will the new CQI regulations become effective?

Pharmacies should begin changing their programs to fit the requirements of the new regulations. Full implementation is not required until February 1, 2025, but there is one exception to the delayed implementation. This exception is the communication with all staff involved in an incident portion of the new regulation. **This piece must be implemented immediately.** The inspectors have noticed on investigations that often the people involved in making the error were not informed of the error until the CQI meetings or when they were asked to sign the incident report.

Many repeated errors can be prevented by immediate communication of the problem or what happened to cause the problem. The employee making the error may have better recall of the events surrounding the incident and be able to make suggestions on how to prevent a reoccurrence.

What are some possible causes:

- Interruptions/distractions
  - Phones
  - Customers
  - Other employees
  - Loud music
  - Rushing
  - Timers on work processes
- Training gaps
  - Lack of understanding for drop down menus/computer shortcuts
  - Inability to calculate quantities
  - Lacking the ability to accurately read a prescription
  - Not asking for help

Why the new regulations and change in the CQI program?

The program is changing to help decrease the incidents leading to errors reaching the patient.

The inspectors have been making notes of the types of errors in the pharmacy. During the last several years, the incidents caused by dispensing the wrong drug have dramatically increased, closely followed by dispensing the prescription to the wrong patient.

In addition, the Board's survey on pharmacist workplace conditions suggested that there may be competing practice pressures that fail to adequately prioritize patient safety. The Board aims to create a pharmacy culture that is conducive to risk identification and reduction. Clearly identifying workplace issues that have impacted patient safety and establishing a requirement for the PIC and/or employer to resolve them sooner may help the Board protect the public.

These errors could, can, and do cause harm to our patients. These errors can also be prevented. The new regulations place communication and information closer to where the errors are being made, which is the place where they are most likely to be decreased.

The root cause analysis should help pharmacists and technicians be able to look at all the factors surrounding the incident. Knowing what causes the incident/error is the first step in prevention.

The goal is to decrease patient harm or potential harm by preventing the incidents from happening and, if they have already happened, by preventing recurrence.

How do we implement the new regulations?

1. The PIC must become aware of the requirements of the program and decide if he/she will perform the initial review or designate it to another person.
2. A review of each incident report must be performed and documented.

   a. Create complete incident reports. Be sure to include the date the incident was reported to a pharmacist/technician of the pharmacy. Each person involved must sign the incident report and add their license/registration number.
   b. Talk to all staff involved in the incident. Document the date of communication and who spoke with each involved staff member. It is best to place this documentation with your CQI documents, and not your incident reports.
   c. Perform and document a root cause analysis.
   d. Create a corrective action plan based on the root cause analysis.
   e. The review of an incident report must be completed by the PIC within 30 days of the initiation of the report.
3. Every other month, **create** a summary that is communicated to the staff. The communication can be shared by whatever method works best for the pharmacy including but not limited to: in-person, virtual/video, email, or post in the pharmacy and have staff initial. The summaries are due by the 15th of each even month (February, April, June, etc.) and must include:
   a. A list of each type of incident that has been reported within the previous two months and the prescription numbers associated with each error type.
   b. A list of the root cause analyses performed in the previous two months.
   c. A list of corrective action plans created in the previous two months.
   d. An **evaluation** of the outcome and effectiveness for each corrective action plan for the past 4 months.
   e. If no errors or new corrective action plans have occurred in the last two months and there are no corrective action plans from the past four months to evaluate, then a null report must be created for the bimonthly summary document.

By making staff aware of the incidents and how they occurred, the pharmacy staff should be able to find ways to prevent any reoccurrence.

What is a PSO?

A PSO is a patient safety organization that must be compliant with and certified pursuant to 42 U.S.C. § 299b-24. If the pharmacy actively participates in a PSO, there are some portions of the CQI program, such as performing a root cause analysis and developing a corrective action plan, that the PSO completes for the pharmacy.

If a pharmacy participates in the PSO, what is the pharmacy required to do?

- Complete and maintain incident reports per Kansas regulation.
- Communicate with each staff member involved in an incident and document the communication.
- Maintain documentation **in** the pharmacy of current membership in the PSO.
- Create the required bimonthly summaries that include:
  - A list of each type of incident that has been reported within the previous two months and the prescription numbers associated with each error type.

- An evaluation of the outcome and effectiveness of each corrective action plan from the previous four months.
- If no errors have occurred in the last two months and no corrective action plans exist from the past four months to be evaluated, a null report must be created for the bimonthly summary document.

Will the Board be providing new documents that can be used?

Yes, new CQI forms may be found on the forms page of the Kansas Board of Pharmacy website. www.Pharmacy.ks.gov

All CQI documentation, whether you use the Board forms or create your own, must be maintained in a readily retrievable format for 5 years. The documents may be kept in paper or visual digital format.

What is a root cause analysis and a corrective action plan, and how are they performed?

Root Cause Analysis (RCA) is the process in examining all the issues that led to or could lead to an event (incident). The goal is to determine what caused the incident.

In the pharmacy, possible issues are: prescription volume, inadequate amount of staff, lack of training, misplaced items, not listening, not asking for verification, multiple distractions or interruptions, or not following procedures.

Generally, the RCA process should look at processes and not individual performance. The goal is to decrease the need for RCA by becoming more proactive in the prevention of incidents. Examples could include look-alike/sound-alike drugs being separated on the shelves or having notes attached to draw attention to a potential problem.

Here are some examples of questions to ask during the RCA: How did this happen? What were the factors surrounding the incident? What chain of events allowed it to occur? What was the timeline? Were there special, unusual, or routine circumstances? What was the staffing level? Who were the personnel involved and what was their training, volume, hours, etc.? Was this a unique occurrence, widespread issue, or a domino effect? Was this a personnel issue or a systems issue? Were there alternatives available? What preventative measures were in place and did they function as expected? Ask follow-up clarifying and investigative questions.

Talking with the staff that made the error or observing the workflow (or lack thereof) can help with the analysis. The person(s) performing the RCA need to look at all aspects of the process – those easily seen and others that may be more difficult to see. Examples include:

- If the person typing is hitting too many incorrect characters, is it because they don't type well or is the keyboard suspended and bouncing?
- If the person is squinting when order processing and misreads the prescription, is it because they need glasses or new glasses? Or is it because it is too dark and they need a light?

- Are the drugs on the shelves so crowded that different strengths get mixed together allowing for grabbing the wrong strength?
- If the process is to scan each bottle used, but the scanner is slow and backs up the work, does this result in skipping or overriding a step?

Multiple issues must be reviewed and considered when completing the RCA. Once a possible cause or causes have been determined, a plan of action can be created and implemented.

A corrective action plan (CAP) is created and implemented based on the root cause analysis, which helps determine what measures should be taken to ensure the incident doesn't recur. Based on the examples above, a sample CAP might include:

- Getting the person typing a dictation device or new keyboard.
- Providing an increased screen size, font, or brightness on select workstations.
- Reconfiguring drug shelving or storage, or changing ordering practices to reduce the quantity of drugs in the pharmacy that are less frequently used to free up shelf space. Alternatively, a new system reminder could be created to verify the drug strength prior to final verification.
- Reviewing any manual overrides as part of the final verification process.

Many tools are available to help with RCAs and CAPs. The Institute for Safe Medication Practices (ISMP) provides a resource specifically for pharmacies called "Root Cause Analysis Workbook for Community/Ambulatory Pharmacy" and is available online: FINAL ISMP52-RCA-011414.pdf

The RCA and CAP are just the first two steps. If these steps are not reviewed later for effectiveness, they are of little value. If the incidents continue to occur, a new CAP should be implemented.

In closing:

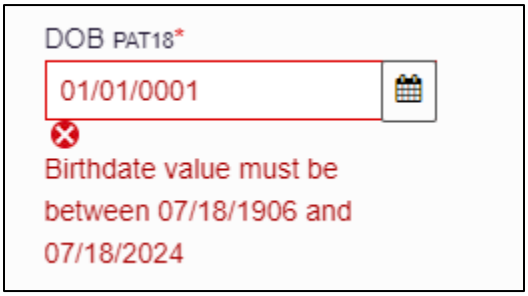
The new regulations were created to increase communication with the staff involved in an error, assessing the cause of incidents through root cause analysis, and implementing a corrective action plan to prevent recurrence. By performing these steps, incidents should decrease, and patient safety will increase.

Pharmacies Required to Correct K-TRACS Prescription Errors: A How-To Guide

Typos, placeholders, missing information — all of these can contribute to a pharmacy being asked to correct errors in K-TRACS records.

K.A.R. 68-21-2(i) requires pharmacies to "correct any reporting error within seven days of discovering the error or being notified of the error by the Board or the Board's designee."

Errors occur when required information in a prescription record is missing or does not meet validation requirements for the data element. K-TRACS requires approximately 26 data elements to be submitted on each prescription. Some of those elements must be validated to ensure data integrity – such as a prescription's written date cannot be before the patient's date of birth. If a record contains missing or invalid information, it will result in an error, and the pharmacy and/or PIC will receive notifications of the error until it is fixed. Below is an example of an error that occurs when the prescription is submitted to K-TRACS.



Example of a date of birth prescription error in K-TRACS.

When and how are error notifications received in the pharmacy?

The pharmacy's PMP Clearinghouse account holder will receive email notifications of errors the day the prescription is originally reported with the error. If the PIC has a K-TRACS account, the PIC will receive notifications to that email address of any outstanding errors starting the day after the errors occur. Emails continue until the errors are fixed. If the pharmacy does not fix the error within the 7 days as required by regulation, K-TRACS staff will begin outreach to the PIC by email, phone call, and mail.

Pharmacies and PICs should whitelist the following email addresses to ensure they are receiving error notifications by email:

- no-reply@pmpclearinghouse.net
- no-reply@kansas.pmpaware.net
- pmpadmin@ks.gov

Why is it important to fix errors?

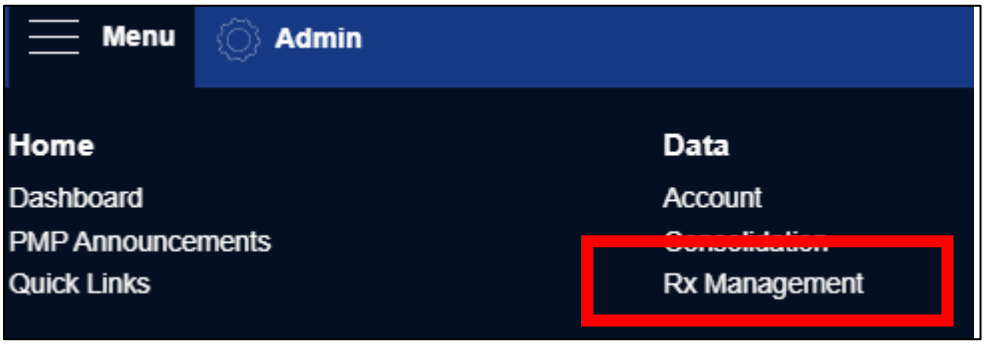
Prescription records with errors are not accepted into the K-TRACS database until the errors are fixed. This means the prescriptions are not available for K-TRACS users to view in a patient's prescription history until the pharmacy has taken action on the errors. Prescriptions missing from a patient's record may impact patient safety.

How to correct errors

Pharmacies may correct prescription information in their pharmacy management systems and work with their vendors to re-submit prescriptions to K-TRACS to fix errors. This may be especially important for prescriptions that have refills remaining – if the information isn't fixed in the originating pharmacy system, it will likely generate errors each time it is submitted to K-TRACS.

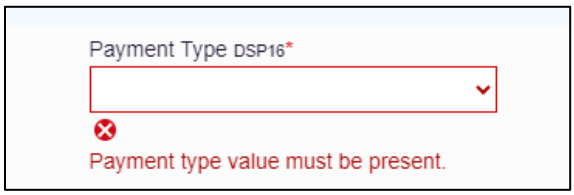
K-TRACS makes error correction available to all PICs who have K-TRACS accounts and can access the web portal. Please note that this access is restricted to PICs, and K-TRACS users should not share credentials with other staff members to assist with error correction (K.S.A. 65-1685). PICs can correct errors using their K-TRACS account by following these steps:

- Login to the K-TRACS web portal
- Navigate to Menu > Data > Rx Management



Screenshot of how to navigate in K-TRACS web portal to error correction page.

- All fatal errors associated with the pharmacy DEA listed in the PIC's K-TRACS account will be listed on this page.
- Open each prescription number and identify the fatal errors marked in red outline and noted with an 'X' near the field such as below.



Example of a payment type prescription error in K-TRACS.

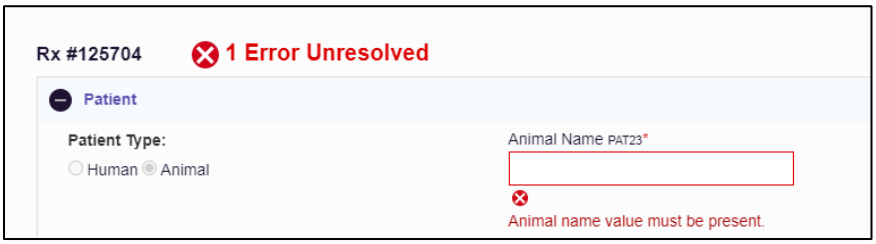
- Fill in the corrected information and scroll to the bottom of the page to submit the prescription.

A how-to guide is available for additional instructions

How to correct animal prescriptions

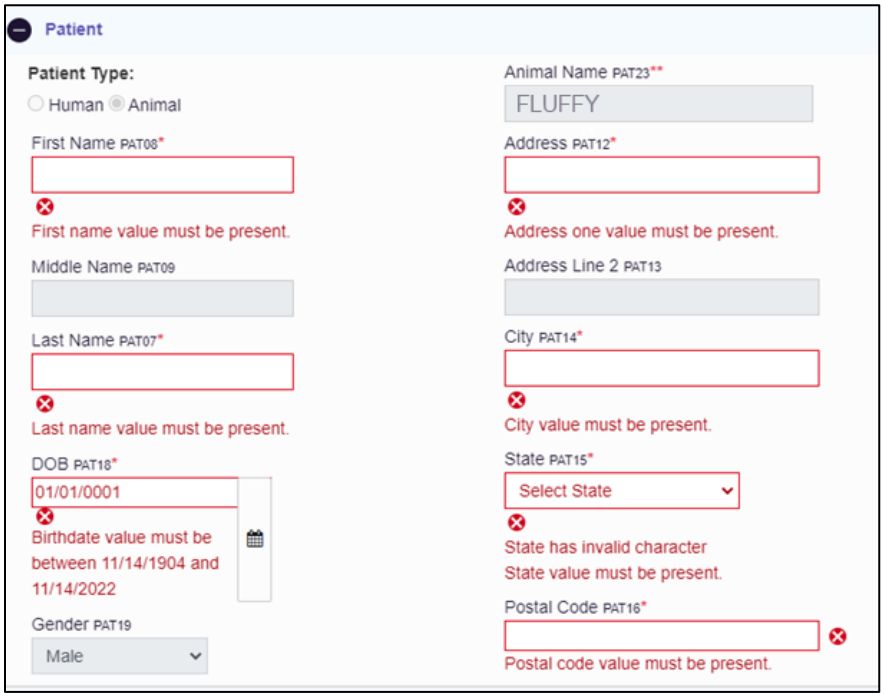
Three common errors occur with reporting of animal prescriptions. These errors must be fixed by the PIC by logging into the K-TRACS web portal.

1. **The animal's name is missing.** Once a prescription's species is indicated as an animal, a secondary field called Animal Name is then required. To fix the error, enter the animal's name (even if it's the same as the patient's name already indicated on the prescription), and submit the prescription.



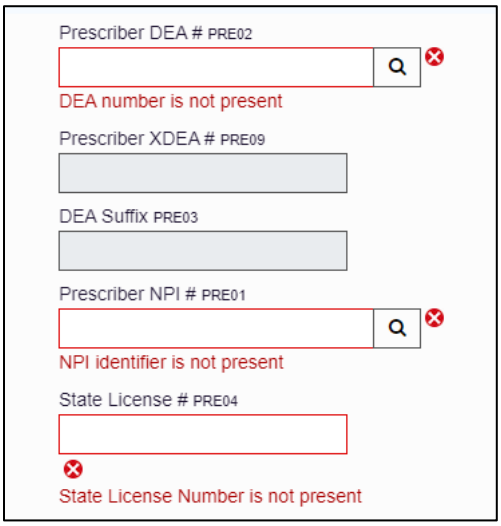
Example of an animal name error on a prescription in K-TRACS.

2. **The patient information is missing.** Some vendors appear to remove legitimate patient demographic information once a prescription's species is indicated as an animal due to errors at the vendor level. To fix the error, enter the patient's demographic information and submit the prescription.



Example of an error involving an animal prescription in K-TRACS.

3. **The prescriber identifier is missing.** This commonly occurs when a veterinarian without a DEA prescribes gabapentin for an animal. K-TRACS will accept the veterinarian's 4-digit state license number as a valid identifier for the prescription. To fix the error, enter the license number in the appropriate license number field and leave the DEA and NPI fields blank.



Example of prescriber identifier error on an animal prescription in K-TRACS.

Pharmacy Technician Training – Interpreting the Law

Kansas has numerous statutes and regulations that pertain to the training of pharmacy technicians. Many of these requirements are for specific technician functions such as giving immunizations, performing sterile compounding, working under electronic supervision, and checking the work of another pharmacy technician in a medical care facility. The focus of this article, however, is the initial technician training course that a newly hired pharmacy technician must complete before they can perform tasks authorized by the pharmacy act.

It is the responsibility of the pharmacist in charge to ensure that a current pharmacy technician training course exists. This training course shall be designed for the pharmacy in which the technician will be working and must contain these seven minimum requirements:

(1) knowledge and understanding of the **different pharmacy practice settings**;

(2) knowledge and understanding of the **duties and responsibilities of a pharmacy technician** in relationship to other pharmacy personnel and knowledge of standards, ethics, laws, and regulations governing the practice of pharmacy;

(3) knowledge and ability to **identify and employ pharmaceutical and medical terms**, abbreviations, and symbols commonly used in prescribing and dispensing drugs and in record keeping;

(4) knowledge of and the ability to **carry out calculations** required for common dosage determinations;

(5) knowledge and understanding of the **identification of drugs, drug dosages, routes of administration, dosage forms, storage requirements, and manufacturer recalls**;

(6) knowledge of and the ability to **perform the manipulative and record-keeping functions** involved in and related to dispensing prescriptions or other drug distribution systems; and

(7) knowledge of and the **ability to perform procedures and techniques**, including aseptic techniques, relating to the compounding, packaging, and labeling of drugs.

Every pharmacy technician is required to complete this course within 180 days of the effective date of their employment in the pharmacy. This includes those who have never been employed as a pharmacy technician as well as those who have previously worked as a technician at another pharmacy.

The pharmacist in charge shall ensure the training is completed and documented. This documentation should include competency in each of the seven training requirements and the date of completion. These training records shall be kept at the pharmacy and be available for inspection upon request.

An annual review of the training course by the pharmacist in charge is required to assure the training remains current and applicable. The date the annual review was completed shall be documented and maintained at the pharmacy for review by a Board inspector.

In addition to the initial technician training, the pharmacy technician is required to notify the Board within 30 days of obtaining new employment. The new technician's name shall also be added to the required list of pharmacy technicians employed by the pharmacy.

Expiration Dates of Prescriptions

When do prescriptions expire?

Have you been dispensing fills, refills or partial fills from expired prescriptions? Are you sending refill requests to prescribers when there is still a refillable prescription on file? Hopefully your answers to these questions are 'No' but do you know for sure?

Prescription expiration dates are established in Kansas statutes and regulations. **These expiration dates apply to more than just prescriptions written for prescription-only drugs.** They apply to all items ordered by prescription, examples of which include devices (ex. nebulizers, catheters, certain syringes), medical gases (ex. medical grade oxygen), and over-the-counter drugs, supplements and devices (ex. glucose test strips, pen needles, acetaminophen, calcium). The prescriber has the authority to assign a shorter expiration date to a prescription but cannot for any reason extend the expiration date of a prescription.

A prescription for a noncontrolled substance expires one year from the date it is issued. The prescriber may issue a prescription with any number of refills between zero and prn and may authorize additional refills to be added up to the expiration date of the prescription.

A prescription for a controlled substance in schedule III-V expires six months from the date it is issued. The prescriber may issue a prescription with anywhere from zero to five refills and may authorize additional refills to be added up until either five refills or the expiration date of the prescription has been

reached, whichever comes first. A common question regarding the expiration of a prescription for a CIII-V drug comes from the partial filling of CIII-V scheduled substances and whether each partial fill counts towards the maximum of five refills. The answer to this is no, a partial fill does not count towards the five-refill maximum. When dispensing CIII-V partial fills:

- The total quantity dispensed over all fills cannot exceed the total quantity prescribed.
- Partial fills cannot be dispensed after six months from the issue date of the prescription.

Let's look at an example of a patient with a prescription for diazepam 5mg #60 1 tablet bid prn, with 4 refills written on June 1, 2024. The patient only wants to get #20 tablets at a time.

- The patient comes in at the beginning of September and asks for the fifth partial filling of #20 tablets. Can this be dispensed since the prescriber only authorized four refills?
    - The total quantity allowed on the prescription is #300 tablets.
    - This quantity has not yet been reached.
    - The answer is yes.
- The patient comes in at the beginning of October and asks for the sixth partial filling of #20 tablets. Can this be dispensed since it is over the five refills allowed for this schedule of drug?
    - The total quantity allowed on the prescription is #300 tablets.
    - This quantity has not yet been reached.
    - The answer is yes.
- The patient comes in on January 9, 2025, and asks for the tenth partial filling of #20 tablets. Can this be dispensed since it is still within the total quantity prescribed by the provider?
    - The answer is no, because the prescription expired on December 1, 2024, 6 months from the date of issue.

The expiration date of CII prescriptions in Kansas was decreased to 90 days from the date of issue in June 2023. When multiple prescriptions are issued on the same date for future filling, the expiration date of each prescription is still determined by the date of issue, it is not calculated based on the earliest fill date given by the prescriber. Exceptions to the 90-day expiration date are listed below.

- When the pharmacy has insufficient stock to fill the full quantity of a CII prescription, the remaining portion must be supplied to the patient within 72 hours.
- A CII prescription issued for a patient in a long-term care facility or a patient with a documented terminal illness may be partially filled for 60 days from the date of issue.
- A CII prescription issued for a patient who is not terminally ill or does not reside in a long-term care facility may be partially filled at the request of the patient, caregiver, or prescriber for 30 days from the date of issue.

A good way to help catch expired prescriptions is to make sure your prescription processing software is up to date. Beware, there are software systems that are still assigning 180-day expiration dates to CII prescriptions! Have you updated your prescription processing software?

CLAIM YOUR CE

- Go online to: Survey Monkey
- Provide your name, email address, KBOP license number (1-XXXXX), NABP ID (6 or 7 digit number), Month and Day of Birth. This information is required for CPE Monitor reporting purposes and Board CE tracking purposes. Submission of incorrect information will result in no credit.
- Answer the knowledge assessment questions.
- Complete the course evaluation questions and provide your email address for confirmation.
- Submit.

Certificates & CPE Monitor: You will NOT receive a certificate for completing this course. Course completion will be reported to CPE Monitor within 30 days of completion. Check your entire KBOP renewal period for the course before calling the Board to inquire about CE status.

Stay Tuned for More CE Opportunities: This course qualifies for a half-hour of CE. Additional Board CE will be published in future newsletters to help pharmacists complete the 1 hour requirement for K.A.R. 68-1-1b.