



KENTUCKY BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Continuing Education Update and Reminder

A pharmacist shall complete a minimum of one and five-tenths (1.5) CEUs (15 contact hours) annually between **January 1 through December 31** pursuant to 201 Kentucky Administrative Regulations (KAR) 2:015 Section 5(1). Continuing education (CE) hours must be either Accreditation Council for Pharmacy Education (ACPE) accredited or approved by the Kentucky Board of Pharmacy. A pharmacist is responsible to ensure that any CE obtained from another source, such as continuing medical education, must be submitted for Board approval prior to receiving credit. For licensing years 2023 through 2028, one contact hour of the 15 contact hours shall be on the opioid epidemic or opioid use disorder (OUD). The one contact hour for licensing year 2023 will need to be completed between January 1 through December 31 of 2023. A pharmacist first licensed by the Board within 12 months immediately preceding the annual renewal date shall be exempt from the continuing pharmacy education (CPE) provisions, including the new requirement for 2023. The Board audits **every** CPE Monitor® account **every year**. Check your CPE Monitor account today to ensure that you have 15 CE hours.

Governor Reappoints John Fuller to Four-Year Term

Governor Andy Beshear reappointed Dr John M. Fuller, of Woodford County, as a member of the Board, representing licensed pharmacists, to serve for a term expiring on January 1, 2027.

Board Hires Deputy Executive Director

The Board welcomes Juliana Swiney, MS, MPA, PharmD, RPh, to the staff, serving as the deputy executive director.

Juliana graduated from the University of Kentucky with a

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doctor of pharmacy degree and a master of public administration in 2010. She continued her education at the University of Kentucky, earning a master of science degree in pharmaceutical outcomes and policy in 2012. Shortly after, she moved to Louisville, KY, to work at Humana, Inc, where she has worked for the past nine years. For three years, she contributed to the Clinical Drug Policy Management team before moving to the Medication Therapy Management (MTM) Strategies team. She has spent the last six years working in MTM compliance, clinical strategies, and program development. She is very excited to have joined the Board staff in October.

Juliana resides in Louisville with her two dogs and enjoys photography and reading murder mysteries in her spare time.

Changes Pharmacists May Make to a Schedule II Paper Prescription

Drug Enforcement Administration (DEA) has issued guidance on what changes a pharmacist can make on a Schedule II paper prescription. This guidance will remain in effect until DEA codifies new regulations or until this guidance is otherwise modified or withdrawn by DEA. According to the guidance, DEA has received an increasing number of questions in the past few months concerning the ability to add or modify information – like a patient’s address – on paper prescriptions. To address these questions, DEA has been reviewing the relevant regulations and is working to draft new regulations. In the interim, pharmacists should adhere to the state regulations or policy regarding those changes that a pharmacist may make to a Schedule II prescription after oral consultation with the prescriber. Kentucky has had the following policy guidance from the Drug Enforcement and Professional Practices Branch of the Office of Inspector General since 2010:

- After consulting with the prescribing practitioner, a pharmacist may add or modify the following items:
 - date of issue – may be added, but not changed
 - drug strength
 - quantity – may be modified only in conjunction with a change of strength, and the total quantity dispensed must not exceed the total dosage authorized
 - quantity check-off box marked
 - directions for use
 - refill instructions (Schedules III-V)
 - practitioner’s name – printed (not a signature)
- All consultations must be documented
- The following items may be added or modified without consulting the practitioner if the information can be obtained from other reliable sources:
 - patient’s address

- dosage form
- practitioner's address – printed
- practitioner's telephone number
- practitioner's DEA number

A pharmacist may never change or add the patient's name, the name of the controlled substance (except generic substitution permitted by state law), or the signature of the practitioner.

Both state and federal law still require professional judgment by the pharmacist on every prescription filled. Caution is advised whenever a change or addition is made to any prescription.

Pharmacist Recovery Program Update

On March 25, 2022, the United States Department of Justice (DOJ) found that the Indiana State Board of Nursing violated the Americans with Disabilities Act by prohibiting nurses from participating in the Indiana State Nursing Assistance Program if they took medication to treat OUD.

Consistent with the DOJ's finding, the Kentucky Professionals Recovery Network's (KYPRN's) monitoring agreement and memorandum of understanding (MOU) have been revised to permit individuals participating in the KYPRN program to utilize Food and Drug Administration-approved medications to treat OUD or alcoholism. Per the revised and current monitoring agreement and MOU, individuals participating in the KYPRN program and utilizing medications to treat OUD or alcoholism must provide a copy of the pharmacy printout that contains the prescriber, patient, drug, quantity, and date filled each time a prescription for any such medication is prescribed and dispensed. Medications to treat OUD or alcoholism must be prescribed and used under the supervision of an addictionologist or psychiatrist.

The monitoring agreement and MOU were further revised to permit individuals participating in the KYPRN program to utilize a KYPRN-approved, evidence-based psychobehavioral therapy program, including, but not limited to, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), and Medication-Assisted Recovery Anonymous. Previously, the monitoring agreement and MOU required use of AA or NA. A licensee with a monitoring agreement and MOU must provide monthly reports of the psychobehavioral therapy program they are utilizing to the KYPRN.

Lastly, consistent with the DOJ's finding, the monitoring agreement and MOU were revised to allow for the ingestion of medication and supplements without prior approval from the KYPRN, but with same-day written notice to the KYPRN.

The KYPRN program is contracted by the Board to provide monitoring of licensees. The Board also has a Pharmacist Recovery Network Committee that promotes the early identification, intervention, treatment, and rehabilitation of pharmacists, interns, and technicians who may be impaired by reason of illness, alcohol, or drug abuse, or as a result of any other physical or mental condition. The committee is comprised of 11 members, including the president of the Board,

the KYPRN consultant, the executive director, seven pharmacists, and one citizen. A pharmacist, intern, or technician may participate in the KYPRN program anonymously after self-reporting impairment if no complaint about that individual's practice has been received by the Board. All records are confidential.

NAPLEX and MPJE Limited to Five Attempts

The Board requires successfully passing both the North American Pharmacist Licensure Examination® (NAPLEX®) and the Multistate Pharmacy Jurisprudence Examination® (MPJE®) for initial pharmacist licensure. 201 KAR 2:020 has been amended, which limits the number of attempts to pass each exam to five. If the applicant has not passed after three examination attempts, the applicant shall complete a refresher course and submit the certificate of completion to the Board to qualify for two additional attempts. For the MPJE, proof of five hours of ACPE-accredited or Board-approved CE in the topic of pharmacy law will also be sufficient to qualify for the additional two attempts.

A Message From Board President Peter Cohron

The last year has been both challenging and rewarding for the Board and the profession. 2021 ended with tornadoes in western Kentucky, and the new year began with flooding in the eastern and southeastern parts of the state. But pharmacists, technicians, interns, the associations, laypersons – even competitors – jumped in and returned pharmacy services to normal in both events swiftly and, mostly, smooth. The Board wishes to express its gratitude and appreciation to all who gave time, money, and materials to these challenges.

In 2022, the Board welcomed three new members. Anthony Tagavi, PharmD, JD, RPh, was appointed to fill out the term of Christopher Harlow, PharmD, RPh. Meredith Figg, PharmD, RPh, and Jason Belcher, citizen member, were appointed to four-year terms.

At the same time, the Board staff saw some major changes. New Executive Director Christopher Harlow settled into his job. Two longtime employees, Darla Sayre and Katie Busroe, retired; the Board wishes them well as they move into the next chapters of their lives. This led to a new staff organization with the creation of the position of deputy executive director. Juliana Swiney accepted this position. The Board also welcomed Nikki Holiday, executive assistant, Katie Morgan and Lauren Halvorson, administrative assistants, Paula Hurst, legal assistant, and Hannah Rodgers, staff attorney. However, the Board office continued to operate smoothly with the addition of the new staff. The Board highly appreciates the office staff and inspectors for all their hard work.

The Board had a fruitful and rewarding year, including its well-attended retreat and Board meeting on July 26-27 in Louisville. Some of the highlights from the meeting are included below:

- new regulations were created and submitted for approval, including a regulation to address workplace conditions;

- emergency regulations related to the pandemic and the recent natural disasters were passed;
- other regulations were amended as needed;
- new protocols were created and existing ones were tweaked as new therapies or recommendations became available;
- committees met and addressed the charge given to them by the Board; and
- comments, suggestions, and recommendations were submitted to the Board.

The Board thanks all committee members for their time and hard work.

Regardless of how well 2022 went, the Board recognizes that there is ongoing work to be done. Pharmacy is a constantly growing and evolving profession, and our services are essential for the good health of the public. With hopes and prayers for no more natural disasters, the Board looks forward to the coming year. The people of the commonwealth rely on pharmacists for so much and all in the profession agree that our greatest reward is providing that care.

The Kentucky Board of Pharmacy News is published by the Kentucky Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

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