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Testimony concerning HB 2023
Committee on Senate Judiciary
Presented by Debra Billingsley
On behalf of
The Kansas Board of Pharmacy
March 2, 2011

Chairman Owens and Members of the Committee:

My name is Debra Billingsley and I am the Executive Secretary of the Kansas State Board of Pharmacy. The Board is created by statute and is comprised of seven members, each of whom is appointed by the Governor. Of the seven, six are licensed pharmacists and one is a member of the general public. The Board of Pharmacy, pursuant to K.S.A. 65-4102(b), is required to submit an annual report on controlled substances proposed by the Board for scheduling, rescheduling or deletion by the legislature.

The Board conducted a side by side comparison of the State Controlled Substances list to the Federal Controlled Substances list. The Board recommends amending the state laws to match the federal laws in order to facilitate uniformity while maintaining and enhancing the consumer protections afforded by the Pharmacy Board regulatory system.

In proposing to the Legislature that any drugs be classified as a scheduled controlled substance, the Board relies on the following factors set forth in K.S.A. 65-4102(b). Specifically, the proposal must state the reasons that the Board makes their recommendations by considering the following factors: 1) Potential for abuse; 2) the scientific evidence of its pharmacological effect, if known; 3) the state of current scientific knowledge regarding the substance; 4) the history and current pattern of abuse; 5) the scope, duration and significance of abuse; 6) the risk to the public health; 7) the potential of the substance to produce psychological or physiological dependence liability; and 8) whether the substance is an immediate precursor of a substance already controlled under this article.

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Attachment 2

The Drug Enforcement Agency (DEA) also issues their rulings based on information provided by the DEA's Deputy Administrator and the Department of Health and Human Services using the same factors and criteria that the state uses. The DEA has already reviewed the pharmacology, chemistry, trafficking, actual abuse, pattern of abuse and the relative potential for abuse of the drugs that the Board recommends be amended into the state schedule.

The Board of Pharmacy recommends that *4-Bromo-2,5-dimethoxyphenethylamine (Street names: Nexus, Toonies, Venus, 2C-B); 2,5-Dimethoxy-4-(n)-propylthiophenethylamine (Street names: Blue Mystic, T7, Beautiful, Tripstay, Tweety-Bird); Alpha-Methytryptamine (Street name Spirals); and 5-Methoxy-N,N-diisopropyltryptamine (Street name: Foxy)* be added to Schedule I. These drugs have a high potential for abuse and have no accepted medical use in treatment in the United States. All four drugs are hallucinogens producing euphoria and altering sensory perception. They have effects common to LSD.

The Board of Pharmacy recommends that the following substances be added to Schedule II. These have a high potential for abuse but have an accepted medical use in the United States or a currently accepted medical use with severe restrictions.

Dihydroetorphine is a potent analgesic painkiller. It is used primarily in the sedation of large animals. It is several times stronger than morphine. *Oripavine* is a narcotic opiate. It is not used clinically but it is the parent compound from which a series of semi-synthetic opioids are derived. *Remifentanil* is a potent short acting synthetic opioid analgesic drug given to patients during surgery to relieve pain. It is used for sedation and in combination with other medications for use in general anesthesia. *Tapentadol* is an analgesic painkiller. It is used to treat moderate to severe acute pain. *Lisdexamfetamine* is used to treat attention deficit disorder.

The Board of Pharmacy recommends that the following substances be added to schedule III. Schedule III drugs have less potential for abuse than Schedule II drugs and they have an accepted medical use in treatment in the United States.

Embutramide is a potent sedative drug. It is used for euthanasia in veterinary medicine, mainly for euthanizing dogs. *Buprenorphine* is used to treat opioid addiction and to control moderate pain.

The Board of Pharmacy recommends that the following substances be added to Schedule IV. Schedule IV drugs have a lower potential for abuse relative to the drugs in Schedule III. They have current accepted medical uses in treatment in the United States.

Dichloralphenazone is an active ingredient of medications for migraine and vascular tension headaches. *Fospropofol* is an intravenous sedative-hypnotic used in the sedation of adult patients undergoing diagnostic or therapeutic procedures such as endoscopy. *Zopiclone* is a hypnotic agent used in the treatment of insomnia.

The Board of Pharmacy recommends that the following substances be added to Schedule V. Schedule V substances have a low potential for abuse relative to the drugs in Schedule IV. They have a currently accepted medical use in treatment in the United States. Abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs in Schedule IV.

Lacosamide is used in the treatment of partial-onset seizures and diabetic neuropathic pain. *Pregabalin* is an anticonvulsant drug used for neuropathic pain and for partial seizures in adults. It is also used for generalized anxiety disorder.

The Board of Pharmacy recommends that *Buprenorphine* be removed from Schedule V because it was moved to Schedule III federally.

Thank you for permitting me to testify. I will yield to any questions from the committee.