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Testimony concerning SB 325
Committee on Senate Public Health and Welfare
Presented by Debra Billingsley
On behalf of
The Kansas Board of Pharmacy
January 31, 2012

Chairman Schmidt 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.

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

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 the drug carisoprodol 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.

Carisoprodol has been marketed under the brand name of Soma and it also available as a generic drug. It has been approved by the FDA for the relief of discomfort associated with acute, painful musculoskeletal conditions. Carisoprodol was added to the federal schedule IV list effective January 11, 2012.

The Board of Pharmacy recommends that Ezogabine, known chemically as N-[2-amino-4-(4-fluorobenzylamino)-phenyl]-carbamic acid ethyl ester, 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.

Ezogabine is a new chemical substance with central nervous system depressant properties and is classified as a sedative-hypnotic. It is used for the treatment of partial onset seizures. Ezogabine was added to the federal schedule V list effective December 15, 2011.

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