



North Carolina Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Item 964 – Disciplinary Actions

DME Pre-Hearing (Heard by DME Subcommittee)

Kings Mountain Home Health Supply, Kings Mountain – Robert M. Taylor, Owner. Discrepancies noted during six separate inspection visits. Consent Order entered; permit to operate Kings Mountain Home Health Supply Company suspended indefinitely, stayed for one year with conditions. Accepted by Mr. Taylor November 18, 1997. Accepted by the Board November 25, 1997.

Full Hearing

Vincent Atalese (DOB January 3, 1955) and Phar-Mor Pharmacy, Cary. Failure to state on the pharmacy file copy the proper name of prescription drug products dispensed; misfilling prescriptions. License issued to Mr. Atalese and permit issued to Phar-Mor suspended seven days, stayed three years with conditions.

Ben Howard Eidam, Jr., Lake Junaluska (DOB November 12, 1932). Consent Order entered. Accepted by Mr. Eidam November 22, 1997; accepted by the Board November 25, 1997. Dispensing prescription medication without authorization. License suspended five years, stayed five years with active seven-day suspension of the license and other specific conditions.

William Edward Vaughn (DOB December 29, 1944) and Revco Discount Drug Center, Carrboro. Numerous dispensing errors committed by pharmacist. Both the pharmacist and pharmacy are reprimanded with conditions.

January 1998

B. Christopher DeCaron (DOB June 1, 1964). License reinstated with conditions.

Pre-Hearing Conferences

Marilyn Armstrong, Highlands (DOB January 8, 1943). Heard by Board Member Crocker. Maintaining outdated or unwanted prescription drugs; maintaining pharmacy in a condition that was not clean, orderly, or sanitary. **Recommendation:** License suspended two years, stayed two years with conditions. Accepted by Ms. Armstrong December 15, 1997. Accepted by the Board January 20, 1998.

Connie Mac McGee, Williamston (DOB December 10, 1934). Heard by Board Member Moose. Committing numerous dispensing errors. **Recommendation:** Board Reprimand with conditions. Accepted by Mr. McGee December 16, 1997. Accepted by Board January 20, 1998.

George W. Moore, Jr., Hickory (DOB March 7, 1945). Heard by Board Member Moose. While employed as a pharmacist with a local chain, Mr. Moore admitted he sold approximately 900 dosage units of prescription drugs containing butalbital without authorization of a legal prescriber, willfully deleting information

regarding these transactions in order to avoid detection of the transactions. **Recommendation:** License suspended 30 days, stayed five years with active seven-day suspension of the license and other conditions. Accepted by Mr. Moore December 22, 1997. Accepted by the Board January 20, 1998.

Gary E. Tiffany, Wake Forest (DOB February 5, 1960). Heard by Board Member Moose. Ingestion of Tylenol with Codeine Elixir without authorization of a legal prescriber and removal of this stock from place of employment. **Recommendation:** License suspended, stayed five years with active three-month suspension of the license and other conditions. Accepted by Mr. Tiffany December 19, 1997. Accepted by the Board January 20, 1998.

Item 965 – New Inspectors

The Board inspection staff has almost doubled with the recent hiring of three new people. Christine Rekenhaller moved to Raleigh from Minnesota in August 1997. She received her bachelor's degree in criminal justice from the University of South Dakota in 1993. Jessica Page is a native of eastern North Carolina and will be moving to Kinston. She holds a master's degree in business administration (Campbell University, 1996) and has worked in the health care industry since 1992. Joshua Kohler is a native of Raleigh and has been a Raleigh police officer since 1993. He received his bachelor's degree in English from East Carolina University.

These three join the Board's existing staff of three investigators/inspectors: J. Ken Wilkins, who attended Appalachian State University; Tim Jones, a graduate of University of North Carolina-Charlotte and former pharmacy tech at Gaston Memorial Hospital; and Lisa Dumire, a graduate of Jacksonville State University in Alabama. The additions bring the Board's inspection/investigation staff to seven, including director Steve Hudson. Mr. Hudson may be reached at 704/465-2324 or by fax at 704/465-4539. Pharmacists can expect regular inspection visits from our expanded staff.

Item 966 – New Hire Reporting

Effective October 1997, a new state law requires reports to be submitted on all employees who are newly hired, rehired, or who return to work after a separation of employment. The purpose of this statute is to help locate parents who owe child support and to identify recipients of public assistance and unemployment compensation who fail to report earnings. If you use a payroll service, it may report this information for you.

A brochure, "Questions and Answers about New Hire Reporting," is available from a state government office in Raleigh. You may contact the office by phone at 888/514-4568, by fax at 919/877-1019, or by e-mail at ncarolina@new-hires.com.



National Pharmacy

(Applicability of the contents of articles in the National Pharmacy and can only be ascertained by examining the original article.)

FDA Launches Women's Health Program

The Food and Drug Administration's (FDA) Office of Women's Health (OWH) "Take Time to Care" program offers pharmacists a new opportunity to improve the health of American women. To reach women where they live and work, the FDA is working with a broad range of partners, including state and local governments, health and consumer organizations, women's groups, health care providers, and health institutions. Together, they are organizing community events linking women with local health professionals so they can get appropriate advice and answers to their questions about medicine use.

The focus of this education program has four strong messages:

1. Read the label.
2. Avoid problems, such as side effects.
3. Ask questions of your doctor or pharmacist.
4. Keep a record of the medicines you use.

The Women's Health: Take Time to Care program was pilot tested in Hartford, Connecticut, and Chicago, Illinois, in the spring of 1997, and it turned out to be a tremendous success. Altogether, the program distributed approximately 235,000 pieces of consumer education literature.

OWH worked with various national women's organizations to develop this program and evaluate accompanying patient materials. Through a network of partners, including government agencies, national health care and consumer organizations, local women's groups, local health care providers, health institutions, and educational institutions, the project educates women about how to take their medications properly.

Chicago and Hartford were selected as pilot cities for the project because they have strong community-based organizations that work well together, as well as culturally diverse neighborhoods where educational materials can be tested with women in the community through a variety of activities. Many pharmacists from both cities participated in the program by talking about pharmaceutical care at various community events.

Individual consumers may obtain a "Use Medicines Wisely" kit from OWH by calling 1-800/532-4400. The kit contains a brochure on questions to ask pharmacists or physicians, a purse chart to keep track of over-the-counter and prescription medications, stickers to remind patients when to take their medications, and tips about medication information patients should provide when they visit their doctor or are admitted to the hospital. OWH will also provide a "How To" kit of publicity material for pharmacists who would like to sponsor an educational event.

Suggestions for promoting the message of "Use Medicines Wisely" include:

- ◆ Providing brochures and other educational materials directly to patients at pharmacies, clinics, hospitals, long-term care facilities, etc.;

- ◆ Sending out informational newsletters to patients;
- ◆ Holding programs after church services or at senior centers;
- ◆ Handing out educational materials at local supermarkets, malls, etc.; and
- ◆ Publicizing events and providing information through local media.

Women's Health: Take Time to Care is an excellent example of how a national government agency and groups, both lay public and professional, can work together for the betterment of women.

Now the Women's Health: Take Time to Care program is coming to other cities throughout the country. The first city was San Francisco during the week of March 23, followed by Atlanta and Indianapolis during April. In all, FDA plans on visiting 15 major cities with the program. Pharmacists are highly encouraged to participate in events in their cities. To find out about events in your area and to obtain a "My Medicines" brochure, visit FDA's Web site at www.fda.gov/womens.

New Classification System Developed for Pharmaceutical Care Services

A new Pharmacist Practice Activity Classification (PPAC) system has been released which describes and classifies the activities of licensed, practicing pharmacists throughout the health care delivery system. Developed by the American Pharmaceutical Association (APhA) in concert with nine national pharmacy associations, including the National Association of Boards of Pharmacy (NABP), the PPAC provides common language to describe or document a range of pharmacy practice activities from dispensing to direct patient care services.

According to the APhA, a classification system of consistent and broadly accepted pharmacy practice activities was necessary because pharmacists increasingly focus their practices on the provision of pharmaceutical care and expect to be compensated for pharmaceutical care services. Prior to the development of the PPAC, pharmacy did not have a widely accepted format to describe or document pharmacists' activities. The introduction of this new system allows researchers and others to more consistently compare data among studies and to help build larger databases for more statistically sound determinations about pharmacists' patient-centered activities. The new system will also enable researchers to determine whether such activities improve patient care outcomes.

Copies of the PPAC can be obtained by calling the APhA at 202/429-7514 or accessing the APhA Web site at <http://www.aphanet.org>.

Compliance News



Compliance News to a particular state or jurisdiction should not be assumed to be the law of such state or jurisdiction.)

APhA/McNeil Introduce Children's "Be SAFE" Campaign

The American Pharmaceutical Association (APhA) and McNeil Consumer Products recently began their joint "Be SAFE" campaign, an initiative designed to educate parents and caregivers on the safe and appropriate use of children's over-the-counter (OTC) medication.

The campaign, which features a visual mascot named the "Care Bee," uses the acronym SAFE to trigger the following directions to the parent or caregiver:

- ◆ See the label for complete instructions.
- ◆ Ask a pharmacist, doctor, or other health care professional if you have questions about the use of a product.
- ◆ Follow the directions carefully.
- ◆ Enter the time and amount of each dose given in a medication log for quick and easy reference.

The "Be SAFE" campaign also assists pharmacists, physicians, and others in providing information to parents or caregivers. The material addresses such issues as the use of children's dosing devices when measuring medications, choosing whether to dose children's medications by age or weight, and understanding the differences in concentrations and dosage forms within the same brand family.

A "Be SAFE" material packet, including a poster, advice cards, and flyers, is available free of charge by calling 1-800/472-3923.

NABP Unveils Its Web Site: NABP.net

The National Association of Boards of Pharmacy (NABP) introduced nabp.net, its Internet home page, in January 1998. With the click of a mouse, the Web site provides pharmacists and other interested individuals with immediate access to information about NABP, its programs, and services.

"Pharmacists can now easily retrieve the information they need from NABP by logging on to the Web site," said NABP President Franklin Z. Wickham. "NABP's initial application for pharmacist licensure transfer, registration information for the North American Pharmacist Licensure Examination™ (NAPLEX®), and state board of pharmacy newsletters are all available and downloadable."

In addition, the Web site contains press releases and newsletters released by NABP, contact information for the boards of pharmacy, and a calendar of Association meetings and events. The site also allows pharmacists to communicate directly with NABP through Internet e-mail access.

Throughout the next year, NABP will be adding new data to the Web site, including information about the forthcoming Multistate Pharmacy Jurisprudence Examination™ (MPJE™) and Pharmacist Continued Competency Assessment Mechanism™ (PCCAM™).

Pharmacist Administering of Medications/ Immunizations Possible in 30 States

The National Association of Boards of Pharmacy (NABP) recently conducted a search of its NABPLAW® state pharmacy laws and regulations database, and found that 27 states have granted pharmacists the authority to administer either medications, immunizations, or both, which can potentially provide them with the legal authority necessary to administer immunization services. At least three more boards of pharmacy have interpreted their state's laws or regulations to allow the pharmacist this same authority.

Overall, NABP has discovered that:

- ◆ Twenty states have granted pharmacists the authority to administer medications and/or immunizations through their definition of the terms "practice of pharmacy" or "dispense."
- ◆ Of these 20 states, two (Arkansas and Texas) describe the qualifications or requirements necessary for pharmacists to provide medication or immunization administration services.
- ◆ Although the regulations are silent on the issue, three boards of pharmacy (Kansas, Louisiana, and Ohio) have interpreted their state's pharmacy or medical practice acts to allow the potential for pharmacists to administer medications or immunizations.

The list below indicates those states that allow the potential for pharmacist medication and/or immunization administration authority.

States Allowing Potential for Pharmacists to Administer Medications/Immunizations

Alabama	Louisiana
Alaska	Mississippi
Arizona	Nebraska
Arkansas	New Mexico
California	North Carolina
Colorado	North Dakota
Delaware	Ohio
Georgia	Oklahoma
Hawaii	South Carolina
Idaho	South Dakota
Illinois	Tennessee
Indiana	Texas
Iowa	Vermont
Kansas	Virginia
Kentucky	Washington

Item 967 – Narrow Therapeutic Index Drugs

A revision to the Pharmacy Practice Act during the last session of the General Assembly required the development of a list of narrow therapeutic index (NTI) drugs. These are drugs that have less than a twofold difference in the minimum toxic concentration and minimum effective concentration in the blood, or are those drug formulations that exhibit limited or erratic absorption, formulation-dependent bioavailability, and wide inpatient pharmacokinetic variability that requires blood level monitoring. The North Carolina secretary of Health and Human Services, after receiving advice from the state health director, the North Carolina Board of Pharmacy, and the North Carolina Medical Board, has identified the following drug products as NTI drugs:

- carbamazepine (all dosage forms) [Tegretol, various others]
- digoxin (all dosage forms) [Lanoxin]
- levothyroxine sodium tablets [Levothroid, Levoxyl, Synthroid, various others]
- lithium (all oral dosage forms, all salts) [Cibalith, Eskalith, Lithobid, Lithotabs, various others]
- phenytoin (all oral dosage forms, all salts) [Dilantin]
- theophylline [Elixophyllin, Slo-Phyllin, Slo-bid, Gyrocaps, TheoChron, Theo-Dur, Theo-24, Uniphyl]
- warfarin sodium tablets [BMS Warfarin, Coumadin, Warfarin]

A prescription for a NTI drug shall be refilled using only the same drug product by the same manufacturer that the pharmacist last dispensed under the prescription, unless the prescriber is notified by the pharmacist prior to the dispensing of the other manufacturer's product and the prescriber and the patient give documented consent to the dispensing of the other manufacturer's product. The term "refilled" shall include a new prescription, written at the expiration of a prescription, which continues the patient's therapy on a NTI drug.

All other provisions of the State Product Selection Law, including the prescription format providing for "Dispense as Written" and "Product Selection Permitted," are still in effect.

Item 968 – NCPRN Gets Board Support

On December 15, 1997, the North Carolina Board of Pharmacy issued the first of two checks that will be used to help fund the North Carolina Pharmacist Recovery Network, Inc. (NCPRN). At its October meeting, the Board allocated \$10 per license renewal to go toward funding NCPRN. This money was included in the license fee increase bill signed into law last summer. NCPRN is a non-profit organization dedicated to the early identification, intervention, treatment, monitoring, and advocacy of impaired pharmacists and pharmacy students in North Carolina.

NCPRN will maintain an office in Winston-Salem, N.C., and has hired a full-time executive director, Mr. David Marley, a pharmacist from Winston-Salem. Mr. Marley has over eight years' experience working in the impaired professionals field and currently sits on the advisory council to the pharmacists section of the University of Utah School on Alcoholism and Other Drug Dependencies.

Among other events planned for 1998, NCPRN intends to hold two continuing education programs addressing chemical dependency in the profession of pharmacy, and will also send out periodic newsletters to all licensed pharmacists in the state. Any correspondence, questions, or comments can be directed to: Dave Marley, RPh, Executive Director; North Carolina Pharmacist Recovery Network, Inc.; 3500 Vest Mill Road, Suite #9; Winston-Salem, NC 27103; phone: 336/774-6555; fax: 336/774-9010; e-mail: ncprn@msn.com.

Item 969 – Food in Pharmacy Refrigerator

Questions have arisen during recent inspection visits about the propriety of food being in the same refrigerator as pharmaceuticals. At the Board's February meeting, members considered this practice, since pharmacists often need a place to store such items as lunches. It was the consensus of the members that there would be no objection to placing a lunch, such as a sandwich and soft drink, in the refrigerator with pharmaceuticals, providing there is no cross-contamination or other potential for adulteration. We hope this clarifies the situation.

Item 970 – Hiring Pharmacist Managers

The executive director received a comment from a supervisor who said she couldn't understand why she was having trouble filling pharmacist manager positions because there was "no extra responsibility" in their system. She was reminded that there are substantial added responsibilities to being a pharmacist manager, and a number of these are listed in Board Rule .2502.

Page 4 – April 1998

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