



NORTH CAROLINA BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Item 2429 – Board Elections for the Western and Northern District Seats

Beginning November 1, 2021, and running through March 1, 2022, North Carolina pharmacists will vote to fill two positions on the North Carolina Board of Pharmacy – the Western District seat presently held by William Mixon, and the Northern District seat presently held by Keith Vance.

Mr Mixon will complete his second consecutive five-year term on April 30, 2022, and is term limited.

Dr Vance will complete his first five-year term on April 30, 2022, and is eligible to run for a second term.

The Western District comprises Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Gaston, Graham, Haywood, Henderson, Jackson, Lincoln, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, and Yancey Counties.

The Northern District comprises Alamance, Caswell, Forsyth, Guilford, Orange, Person, Rockingham, Stokes, Surry, and Yadkin Counties.

As publicized on the Board’s website and at candidate interest forums, to be eligible to run for one of these two seats, the candidate must be a licensed pharmacist residing in one of the counties that comprise the district at the time of the election. Candidates who wish to stand for election were required to submit a petition signed by 10 pharmacists residing in the relevant district to the Board office by October 1, 2021.

Board staff will provide information about the candidates, voting period, and voting process via update emails and website posts. Stay tuned for details.

Item 2430 – Guidance to SL 2021-110: An Act to Authorize Immunizing Pharmacists to Dispense, Deliver, and Administer Certain Treatment and Medications

On August 19, 2021, Governor Roy Cooper signed Session Law (SL) 2021-110, which expands practice authority for certain pharmacists and pharmacy technicians. The Board’s [guidance document](#) reviews the granted authorities, timelines and conditions for implementation, and how existing United States Department of Health and Human Services Public Readiness and Emergency Preparedness Act declarations intersect with (and in some cases supersede) this authority. As this guidance details, full

implementation of SL 2021-110 requires several actions over different timelines. Board staff will update this guidance regularly as those processes go forward.

Item 2431 – Pharmacist Authority to Administer Long-Acting Injectables

SL 2021-3, Section 2.9.(a), permits “immunizing pharmacists” (as defined by statute) to administer long-acting injectable medications to adults pursuant to prescription. The law (as modified slightly by SL 2021-110 – see Item 2430 above) became effective on October 1, 2021.

The Board has passed a temporary rule to implement this new authority. The temporary rule can be found [here](#).

Board staff has produced a comprehensive FAQ document, which can be found [here](#).

Item 2432 – FDA and CDC Continue to Warn Against the Use of Ivermectin for Prevention or Treatment of COVID-19

Pharmacists have reported receiving increased numbers of prescriptions for ivermectin, as well as hostile and abusive communications concerning the same medication from some prescribers and patients.

Food and Drug Administration (FDA) has reemphasized that ivermectin is not approved for the treatment or prevention of the coronavirus disease 2019 (COVID-19). It is approved for the treatment of intestinal conditions caused by certain parasitic worms and, in topical formulation, certain external parasites. Veterinary formulations are approved to treat certain internal and external parasites – but not to treat any condition in humans. FDA emphasizes that taking large doses of ivermectin is dangerous. And no reliable studies support the safety or efficacy of ivermectin in the treatment or prevention of COVID-19. More information from FDA can be found [here](#).

The Centers for Disease Control and Prevention (CDC) issued an alert on August 26, 2021, noting a sharp rise in serious illness associated with ingestion of ivermectin products (human and veterinary) for purported treatment or prevention of COVID-19. Severe gastrointestinal and neurotoxic effects are being reported. Like FDA, CDC emphasizes that ivermectin is not approved for the treatment or prevention of COVID-19, no reliable studies support its use in the treatment or prevention of COVID-19, and improper use is dangerous. More information from CDC can be found [here](#).

The North Carolina Medical Board has communicated the following warning to its licensees: www.ncmedboard.org/resources-information/professional-resources/publications/forum-newsletter/notice/cdc-warns-against-inappropriate-ivermectin-use.

Pharmacists are reminded that they have a right to refuse to fill or refill any prescription order if doing so would be contrary to their professional judgment. Moreover, a pharmacist shall not fill or refill a prescription order if, in the exercise of the pharmacist’s professional judgment, there is a question as to its safety for the patient. See 21 North Carolina Administrative Code 46.1801.

Item 2433 – Board Staff Statement Concerning Pharmacist-to-Technician Ratio Noncompliance

North Carolina General Statute (GS) 90-85.15A(c) states that “a pharmacist may not supervise more than two pharmacy technicians unless the pharmacist-manager receives written approval from the Board. The Board may not allow a pharmacist to supervise more than two pharmacy technicians unless the additional pharmacy technicians are certified pharmacy technicians.” Board investigations and inspections staff found many pharmacies in violation and have worked hard to educate pharmacy staff on compliance. Compliance problems have continued despite this effort. Accordingly, when Board staff discovers a violation, the pharmacy will be cited and a corrective action plan requested. A reinspection will determine whether the pharmacy has corrected the problem. If the pharmacy remains in violation, the pharmacy will be noticed for disciplinary action, including revocation of any previously granted ratio allowance.

Pharmacist-managers should ensure that their pharmacy is in compliance with GS 90-85.15A. If you need to submit a pharmacy technician (PT) ratio increase application, please log in to your pharmacy’s profile in the Board’s Licensure Gateway under the Facility Management tab. You will then see a tile labeled PT Ratio Change. You may submit an application by clicking on that tile. Please keep in mind that a ratio increase of 1:3 or 1:4 can be approved at Board staff level, but all PT ratio applications seeking a 1:5 or higher ratio must be presented to the full Board for approval. Guidance on presenting a 1:5 or higher ratio request can be found [here](#).

Item 2434 – Follow the Board Website for Continual Updates on COVID-19-Related Matters, Including Vaccination Process and Authority

Staff continue to frequently update the Board website on general COVID-19-related matters and specifically on COVID-19 vaccination matters.

Updates are posted on the home page of the [website](#), then periodically consolidated in a general COVID-19 updates section and a COVID-19 vaccination-related updates and resources [section](#). Key updates are also included in a weekly email to all pharmacists.

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