



# North Carolina Board of Pharmacy

PO Box 459, Carrboro, NC 27510-0459  
 Carrboro Plaza Shopping Center, Hwy 54 Bypass  
 Suite 104-C, Carrboro, NC 27510-1597  
 Tel: 919/942-4454 Fax: 919/967-5757  
 Web site: www.ncbop.org

Published to promote voluntary compliance of pharmacy and drug law.

### Item 1183 – Disciplinary Actions January 2003

(Pre-hearing Conference): Letter of Reprimand: 1; Suspension of License with Stay Order: 2; Letter of Warning: 1

(The February meeting of the North Carolina Board of Pharmacy was cancelled due to unfavorable weather conditions.)

### Item 1184 – 2003 Board Members



Left to right: Wallace E. Nelson, Hertford; L. Stan Haywood, Asheboro. Standing, left to right: Robert L. (Bob) Crocker, Farmville; Rebecca W. Chater, Asheville; Betty H. Dennis, Chapel Hill; Timothy R. Rogers, Raleigh.

### Item 1185 – Regional Meetings

The Board of Pharmacy, the North Carolina Association of Pharmacists (NCAP), and the three pharmacy schools in the state are jointly sponsoring a series of six regional meetings around the state. Locations and dates follow below.

- Wake Area Health Education Center (AHEC), Raleigh.....April 22, 2003
- Moses Cone AHEC, Greensboro.....May 14, 2003
- Wingate University, Monroe.....May 21, 2003
- Mountain AHEC, Asheville.....May 22, 2003
- Southeastern Regional AHEC, Fayetteville.....May 27, 2003
- Eastern AHEC, Greenville.....June 9, 2003

Registration begins at 6:30 PM with the program from 7-9 PM for two hours of continuing education in each case. Preregistration is required through NCAP; call Amy Riley at 1-800/852-7343.

The program will consist of updates from each of the sponsoring schools along with a presentation by officials from the NCAP and the Board.

### Item 1186 – Pharmacist-manager Policy

The members of the Board have instructed staff to be more vigilant in watching for situations where there is absence of a pharmacist-manager at a facility for a significant period of time. Board staff has traditionally allowed ownership up to 30 days to obtain a replacement pharmacist-manager. When a location has been without a pharmacist-manager for longer than 30 days, ownership should be aware that a disciplinary action is in the very near future.

### Item 1187 – Narrow Therapeutic Index Drugs

In the January 2003 issue of the *North Carolina Register*, the Board published its annual list of Narrow Therapeutic Index (NTI) drugs. It follows below.

- Carbamazepine: all oral dosage forms
- Cyclosporine: all oral dosage forms
- Digoxin: all oral dosage forms
- Ethosuximide
- Levothyroxine sodium tablets
- Lithium (including all salts): all oral dosage forms
- Phenytoin (including all salts): all oral dosage forms
- Procainamide
- Theophylline (including all salts): all oral dosage forms
- Warfarin sodium tablets

Please also be aware that a change in the Medicaid statute makes it easier to use generic drugs including NTI drugs for Medicaid beneficiaries. Generic drugs are required for Medicaid beneficiaries unless the prescriber has handwritten “medically necessary” on the prescription document.” Refilling of prescriptions for NTI drugs for Medicaid beneficiaries needs to occur with the same manufacturer’s product and a change to another manufacturer shall not be made without the explicit oral or written approval of the prescriber.

### Item 1188 – New ADHD Treatment

A new product is on the market, Strattera™, which is a significant change from prior treatments for Attention Deficit Hyperactivity Disorder (ADHD). It is the first product to treat ADHD that is not a controlled substance. Strattera is approved for use in children over six years of age and its non-controlled status permits prescription refills on a much easier basis for parents.

### Item 1189 – Maliteracy

A public health nurse located in western North Carolina has performed a survey on adult health literacy. She surveyed pharmacists in the western part of the state and 95% of respondents believe that patients with low health literacy do not comply with medication instructions. Her survey of pharmacists also revealed that 84% of respondents

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spend extra time with patients because of low health literacy. Her research also shows that time is the largest barrier to delivering effective patient care and that 90% of patients have difficulty understanding forms they are required to complete.

More information can be obtained by e-mailing the public health nurse at [Nfeuerbacher@mchsi.com](mailto:Nfeuerbacher@mchsi.com).

### Item 1190 – Spanish Prescription Labels



In recent years there has been a 350% increase in the Hispanic population in North Carolina. Recognizing this increase and the fact that many of the adults in this population understand little if any English, the Board has made available a poster to notify Spanish-reading customers of the availability of prescription labels in their language. The poster is available from the Board office for \$3.21 (including tax) and is also available on our Web site, [www.ncbop.org](http://www.ncbop.org), where it can be downloaded for free.

About half of the pharmacies in the state indicate they are able to provide prescription labels in Spanish. All of this is a voluntary effort and is not a requirement of a Board of Pharmacy statute or rule. We trust this will bring better health care to the Hispanic community in our society.

### Item 1191 – Catalyst

A new section on the Board's Web site, [www.ncbop.org](http://www.ncbop.org), provides a podium for students who have completed a rotation through the Board of Pharmacy office. This is intended to present information to pharmacists and students that would be of interest to them and produce better health care providers. Descriptions of the first two publications in the "Catalyst for Colloquy" section follow.

"The Role of Patient Counseling in Preventing Medication Errors: Significance of Graduation Date" by Steven Mitchener. His project established that pharmacists graduating after 1993 had a much lower incidence of dispensing errors than pharmacists who graduated prior to that date. His research found that the most significant reason for this is that pharmacy schools began teaching patient counseling as soon as this provision became effective in 1993. Pharmacists who graduated prior to that date did not have formalized training in patient counseling, which does prevent dispensing errors. His conclusion was twofold: patient counseling does prevent errors, and the schools of

pharmacy teaching how to counsel patients promotes better patient care and fewer dispensing errors.

Anna Naples performed a study on health plans in North Carolina. Her effort, entitled "Gender Detriment and Health Benefit," confirmed that many health plans in this state discriminate against women. Her methodology was to review the payments by five health plans for five drugs taken only by females and five drugs only taken by males. The result is on our Web site under "Catalyst for Colloquy."

### Item 1192 – Labeling

It has come to our attention that some prescription labels have misleading information as to the credentials of the prescriber. When physician assistants or nurse practitioners issue prescriptions, all labeling should indicate the correct title for these individuals.

For example, labels should not have the designation "A. Smith, MD" when it was issued by "A. Smith, FNP." The same is true for physician assistants. A label should not indicate that a prescription was written by "John Jones, MD" when, in fact, the prescriber was "John Jones, PA."

Both state and federal law provide that labeling that is false or misleading in any particular way produces a misbranded product. This is not a new provision in law, as it became effective in 1938.

In some situations, this may be an issue that involves software on a computer system. It is your obligation as well as the vendor's to be in compliance with state and federal law.

### Special Note About This Newsletter

The North Carolina Board of Pharmacy *Newsletter* is considered an official method of notification to pharmacists licensed by the Board. These *Newsletters* have been and will continue to be used in hearings as proof of notification. Please read them carefully and keep them for future reference.

The *North Carolina Board of Pharmacy News* is published by the North Carolina Board of Pharmacy and the National Association of Boards of Pharmacy Foundation, Inc, to promote voluntary 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 the Foundation or the Board unless expressly so stated.

David R. Work, JD, RPh – State News Editor  
Carmen A. Catizone, MS, RPh, DPh - National News Editor  
& Executive Editor

Reneeta "Rene" Renganathan - Editorial Manager

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700 Busse Highway  
Park Ridge, Illinois 60068