



# North Carolina Board of Pharmacy

P.O. Box H, 602H Jones Ferry Road, Carrboro, NC 27510

Published to promote voluntary compliance of pharmacy and drug law.

## ITEM 486—RUN-OFF ELECTION

The results of the election held this past Spring for a position on the Board of Pharmacy were tabulated on Monday evening May 20th at the Institute of Pharmacy in Chapel Hill. The results of this election follow below.

Region 1:	Ken W. Burleson	544
	Harold V. Day	946
	Lewis B. Ferguson	240
	Roy B. Smith, Jr.	300
Region 2:	Fred M. Eckel	504
	Evelyn P. Lloyd	742
	Jack G. Watts	798

Mr. Ken Burleson was entitled to call for a run-off election in Region 1 but chose not to make such a request. Accordingly, Mr. Harold Day has been re-elected to another three-year term on the Board to begin in the Spring of 1986. Ms. Evelyn Lloyd received the second highest vote in Region 2 with no candidate receiving a majority and has called for a run-off election. A ballot with her name and that of Jack Watts is enclosed with this Newsletter for pharmacists who are residents of North Carolina. Please mark this ballot according to the instructions on the ballot (use a Number 2 pencil, *not* a ball point pen) and return it to the Board office in the envelope provided prior to August 19th. The ballots will be counted in an open meeting on Monday, August 19th beginning at approximately 5:00 p.m. in the Institute of Pharmacy in Chapel Hill.

## ITEM 487—DISCIPLINARY ACTIONS OF THE BOARD

February: Steven D. Kiser, Cramerton. Personal use of controlled substances. License revoked.

Richard Burton Wilder, Raleigh. Dispensing controlled substances without a prescription. License revoked.

Roger A. Smith, Raleigh. Dispensing controlled substances without a prescription. License revoked.

March: John Hampton Carswell and Colonial Drug Company, Chapel Hill. Shortage of controlled substances and dispensing controlled substances without a prescription. License suspended for

a period of 180 days, stayed for a period of 5 years and the permit issued to operate Colonial Drug Company suspended for a period of 30 days, stayed for a period of 5 years with conditions.

Larry James Toth. Personal use of controlled substances. License suspended indefinitely with conditions.

At the May meeting the Board reprimanded one pharmacist and suspended the license of two others with stay orders, however, they are not included in this issue since the time for appeal had not expired prior to the copy deadline.

## ITEM 488—QUARTERLY QUERY

A bottle of aspirin tablets which is on a store shelf and ready for sale that has a very strong odor of Acetic Acid is:

- I. Adulterated
  - II. Deteriorated
  - III. Misbranded
1. I only.
  2. III only.
  3. I and II only.
  4. II and III only.
  5. I, II and III.

## ITEM 489—DIVERTED DRUGS

Pharmacists who receive unsolicited offers that are "too good to be true" need to realize that they probably aren't true. (See also the National News Section.) Drug diversion either by legitimate purchase at severe discounts and then resale within the drug distribution system or by theft of prescription drugs is a growing problem. The possibility of counterfeit drugs must also be considered in this area. It is useful to remember that, in the case of a negligence suit, the manufacturer would not be available as a defendant if the drugs were counterfeit or diverted.

If you are approached with suspicious offers of this nature, the Board needs your help. Please obtain as much factual information as possible, such as a name or names, telephone numbers or license plate numbers in the case of drop-in salesmen and report this in

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# National Pharmacy

(Applicability of the contents of articles in the National Pharmacy is implied and can only be ascertained by examining the text.)

## DRUG DIVERSION TAKES MANY FORMS

When pharmacists hear people talking about drug diversion, their thoughts most naturally turn to the transferring of drugs of abuse from legitimate channels of distribution to "the street". Drug diversions, however, take many forms and involve not only controlled substance diversion from legitimate to illegitimate channels, but also involves the diversion of ordinary legend drugs from legitimate channels to illegitimate channels and often back again.

**Controlled Substance Diversion.** Controlled substance diversion is generally what pharmacists think of when the term drug diversion is used. Most pharmacists don't realize, however, the myriad ways in which controlled substance drugs are diverted. Pharmacists are involved in such diversion knowingly and unknowingly and actively and passively.

Pharmacists have all heard horror stories about "fat clinics" or "stress clinics" where physicians will prescribe (for a price) and certain pharmacists will dispense (for a price) any number of controlled substances for individuals who do not have any legitimate medical need for the drugs.

Diversion of controlled substances can take a number of different other forms also. Pharmacists in substantial numbers seem to be diverting controlled substances for their own use or for the use of other members of their families. Boards of Pharmacy are increasingly having to deal with the chemically dependent pharmacist and the diversion of drugs from licensed pharmacies that is often associated with these dependencies.

In many cases, employers inadvertently contribute to this problem by simply dismissing the individual involved in the theft of drugs from a pharmacy. Employers who note any disappearance of controlled substances from their pharmacy must report the loss to DEA on the appropriate DEA reporting forms and must, by law, report the loss to their Board of Pharmacy so that the Board can investigate the situation and take appropriate action on the license of the pharmacist involved. In many states, *not* reporting such incidents is a violation of the pharmacy or other drug laws. Simply confronting the pharmacist suspected of diversion, dismissing him, and seeking restitution of the money involved does not alleviate the problem, it simply passes the problem on to someone else. Boards of Pharmacy would welcome any information that can be provided relative to loss of controlled substances involving pharmacists.

Controlled substances are also diverted from legitimate channels of distribution through forged prescriptions. Forged prescriptions are usually passed on prescription blanks stolen from physician offices. Pharmacists are the last line of defense in preventing diversion by this route. Pharmacists should be especially wary of in-

dividuals not from their normal business trade area who present prescriptions for controlled substances.

Of perhaps an even bigger problem than forged prescriptions is the problem of false or fraudulent prescriptions. These are prescriptions written by a licensed practitioner but written not for a legitimate medical purpose. Local practitioners are often approached by drug addicts who will "shop" for physicians to write prescriptions for controlled substances for them. As often as not these individuals are quite polished in their presentation to local physicians and even, in some cases, do have an identifiable underlying physical ailment that might legitimately require treatment. The individuals involved never treat the physical condition, however, other than by consuming narcotics. If you, as a pharmacist, are presented with a prescription for narcotics or other controlled substances written by a local physician, but written for an individual outside of your locale, you should be especially sensitive to the possibility that the local physician has been duped into prescribing something that he should not have.

Pharmacists, as licensed professionals, have an obligation to monitor the use of controlled substances. The Code of Federal Regulations, which deals with the Federal Controlled Substances Act, states that:

"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, **but a corresponding responsibility rests with the pharmacist who fills the prescription.** An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of Section 309 of the Act (21 USC 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances." (Emphasis supplied)

You, as a pharmacist, are required to exercise sound professional judgment with respect to the legitimacy of prescription orders you receive for controlled substances. The law does not require you to dispense a prescription order simply because it was written by a licensed practitioner. To the contrary, if you deliberately turn the other way and fill a prescription when there is every reason to believe that the purported prescription order has not been issued for a legitimate medical purpose, you may be prosecuted along with the

# Compliance News

Compliance News is not intended to be construed as a statement of law. No reliance should be placed on this information as a substitute for legal advice from an attorney licensed in the law of such state or jurisdiction.)



issuing physician for knowingly and intentionally distributing controlled substances.

Unfortunately, diversion of controlled substances has also taken a turn for the worse, not only in terms of increasing numbers of burglaries and armed robberies of pharmacies, but also in the way of extortion threats. These, of course, are much more difficult for pharmacists to deal with.

**Legend Drug Diversion.** Diversion of ordinary legend drugs has also become more of a problem in recent years. Diversion of legend drugs, like diversion of controlled substances, takes many forms. Theft of large numbers of expensive legend drug products from manufacturers and the hijacking of drug shipments from manufacturers is a major source of drug diversion. These legend drugs, once diverted from the chain of legitimate distribution, are often sold at reduced rates to "brokers" who in turn attempt to sell the drugs to pharmacies. Some drug wholesale companies also have been found to buy stolen legend drugs from unknown individuals.

Counterfeiting of expensive legend drug products has also been increasing of late. Many legend drugs are counterfeited by small censed drug firms often operating under filthy conditions and producing a product, that for all practical purposes is a placebo that looks very much like a popular brand named drug product. Some of these drug counterfeiting operations are rather unsophisticated while others are experts at copying drug products and the packaging that goes with them.

Pharmacists who are approached by unknown individuals and who are offered a deal on legend drugs that is "too good to be true" often will find that the deal really is too good to be true. Pharmacists who purchase drugs from unknown sources may be exposing themselves to unnecessary liability should the drugs be dispensed to a patient and be proven to be ineffective or even dangerous. A patient injured by such drug products would have some rather substantial legal grounds on which to base a malpractice lawsuit.

Diversion of legend drug products also occurs through intentional or inadvertent diversion by drug detail men. Situations have arisen where detail men, in an attempt to make a few extra dollars, will sell drug samples in rather large quantities.

Inadvertent diversion of legend drugs by detail men occurs periodically under circumstances similar to that which recently occurred in a Chicago suburb. This incident concerned a detail man for a major pharmaceutical manufacturer who cleaned out his basement, placing several twenty-four bottle cartons of a tricyclic antidepressant containing 100 tablets each on the curb outside his home intended for trash pickup. Unfortunately, because the cartons were open, curious teenagers and other children noticed what was being thrown out, and the drugs were picked up and handed out and used freely among them.

In an attempt to deal with these last two types of legend drug

diversion, the National Association of Boards of Pharmacy has adopted a policy statement on the distribution of legend drug samples to the effect that "all samples of legend drugs should be eliminated". NABP's policy recommends that if a physician wishes a starter dose of a drug for a patient in order to help determine whether that particular drug is effective for that particular patient, the physician should use a prescription filled through a pharmacy with the pharmacy being reimbursed for the starter dose by the manufacturer.

Following NABP's policy on drug samples would also eliminate situations similar to that immediately above whereby physicians in cleaning out their offices simply discard boxes and boxes of drug samples that have been, over the years, left with them by drug detail men. Many instances have occurred where the physicians have simply dumped these drug samples into the trash where they have been "liberated" by children.

A relatively new area of diversion of legend drugs has developed over the past few years. This last system of diversion has been brought about primarily through the establishment of a differential pricing policy by many drug manufacturers.

It is quite widely known that many drug manufacturers will sell the same drug product to a hospital at substantially lower prices than the product is available to community pharmacies. As a result of this policy, "drug brokers" have been known to approach hospital pharmacists suggesting that the pharmacist increase his purchases of certain expensive legend drugs and sell the excess product to the broker at a small profit. The broker then in turn resells the drug product to pharmacies or even other drug wholesalers.

It is not unusual for these brokers to purchase products in large quantities from hospitals and attempt to repackage them into smaller quantities before reselling them at a higher price. When this occurs it is not unusual that the sanitation involved in the repackaging operation as well as the labeling of the "new" product do not meet FDA or state requirements.

Hospital pharmacists should be wary if approached to participate in any such diversion activity and should contact their local Board of Pharmacy immediately. Again, community pharmacists should likewise be on the alert for any purchasing opportunities that are "too good to be true".

If pharmacists throughout the spectrum of the practice of pharmacy and throughout the chain of legitimate distribution take time to observe and report any of these various types of drug diversion, whether controlled substances or ordinary legend drugs are involved, the entire profession can be made more rewarding and the public will be better served.

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writing to the Board office at P.O. Box H, Carrboro, North Carolina, 27510.

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#### **ITEM 490—MORE ON CONTINUING EDUCATION**

Questions regularly arise in the Board office on continuing education programs. As published in detail in the January Newsletter, the Board now requires 10 hours of continuing education for pharmacist license renewal. The Board intends for all 10 hours to be obtained in meetings, but will allow up to 5 hours for correspondence. Correspondence courses will only be acceptable for up to 5 hours in any one calendar year even if providers represent that "contact hour" credit is available beyond that amount. Acceptable programs include those offered by ACPE approved providers or programs approved by the UNC School of Pharmacy or its AHECs, the NCPHA or the NCSHP. County, city or regional associations seeking approval for their programs should contact either the nearest AHEC or the NCPHA well in advance of the scheduled date.

Pharmacists need to recognize that they should not delay obtaining credits until the end of the year. Some courses have filled to capacity and this is a risk connected with waiting until the end of the year which can have serious adverse consequences.

One Tarheel pharmaceutical manufacturer offers "Wellcome Programs in Pharmacy", a one hour educational article which is an insert in every other issue of "Wellcome Trends in Pharmacy" and "Wellcome Trends in Hospital Pharmacy". The article is preceded by Learning Objectives and followed by a Post-Test. Multi-hour programs are provided through either Learning Units or Monographs. These are in-depth discussions of the selected topic which is also preceded by Learning Objectives and followed by a Post-Test.

Every continuing education test which is received by Burroughs Wellcome Educational Services is individually evaluated and, assuming the minimum required score of 70 percent correct is achieved, a Certificate of Completion is mailed to the participant. Either of these programs, if properly completed, would count for up to 5 hours of the 10 hour requirement. All home-study programming is available through local Burroughs Wellcome Company representatives or by contacting Educational Services, Burroughs Wellcome Company, 3030 Cornwallis Road, Research Triangle Park, North Carolina, 27709.

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#### **ITEM 491—C.E. CREDIT FOR PRECEPTORS**

Those preceptors who are anticipating continuing education credit for their efforts in instructing students need to obtain a publication to guide them in their activities this summer. A pharmacist who is expecting to receive credit for continuing education, but does not have an outline for student activities from the School of Pharmacy, should obtain the publication "The Internship Experience, A Manual for Pharmacy Preceptors and Interns". This can be ordered from the National Association of Boards of Phar-

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macy, O'Hare Corporate Center, 1300 Higgins Road, Suite 103, Park Ridge, Illinois, 60068 at a cost of \$5.00.

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#### **ITEM 492—COMPUTER REGULATIONS COMMITTEE**

The Board has recognized the necessity of addressing the issue of regulations for the use of computers in pharmacy. **President Randall** has appointed a Committee consisting of **Jimmy Jackson**, Kerr Drugs, Raleigh, elected Chairman by the Committee and other members: **Charles Burkett**, Eckerd Drugs, Charlotte; **Doug Sprinkle**, Crown Drugs, Advance; **Kenneth W. Burleson**, Catawba Memorial Hospital, Hickory; **James Clow**, Clow Drugs, Smithfield; **Milton Whaley**, North Carolina Mutual Drugs, Durham; **Elena Marsh**, Presbyterian Hospital, Charlotte; and Board Member **Whit Moose** from Mt. Pleasant.

The Committee will recommend regulations on this subject and any suggestions should be forwarded to the Board office or any committee member.

Current users of computers should be alert to a problem which has arisen regarding the placement of computer generated stickers on original documents. Affixing these stickers can be a good and useful addition, but they absolutely should not obliterate the essential information on the prescription such as the patient name, strength and quantity of the drug and prescriber's signature.

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#### **ITEM 493—NORTH CAROLINA PHARMACY WEEK**

North Carolina Pharmacy Week this year will be co-sponsored by the NCPHA and the NCSHP October 13-19, 1985. During this week, the state's pharmacists are being challenged to increase the public's awareness of the beneficial impact that good pharmacy services can have on the overall quality and cost of health care.

The Pharmacy Week Steering Committee will be mailing information to the NCPHA and NCSHP members this summer. The answer to the Quarterly Query is # 3, I and II only. Further information is available from the NCPHA office or the Steering Committee Co-Chairmen: **Cindy Bishop**, Charlotte, 554-6349 (H); **Loni Garcia**, Lumberton, 967-2237; **Martha Peck**, Raleigh, 847-6151 (H). 248-4392 (W).

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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.

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