

April 2009



# North Carolina Board of Pharmacy

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## **Item 2180 – Filling Prescriptions Written for Family Members**

*(Editor's note: Board staff thanks Nancy Hemphill, special projects coordinator, North Carolina Medical Board, for authoring this item.)*

The North Carolina Medical Board is frequently asked whether a physician or physician assistant may self-prescribe or write prescriptions for family members or others with whom he or she has a close relationship. In addition, the Medical Board is often asked whether a pharmacy is obliged to, or prohibited from, filling such a prescription.

There is no statute or rule governing this situation, but the Medical Board has a formal position statement called "Self-Treatment and Treatment of Family Members and Others with Whom Significant Emotional Relationships Exist." (All of the Medical Board's position statements may be found at [www.ncmedboard.org](http://www.ncmedboard.org).) In general, the Medical Board's position is that such care is inappropriate. The Medical Board believes that when physicians prescribe for themselves, or for those with whom they have significant emotional relationships, a variety of factors can compromise the delivery of good quality medical care. The physician's objectivity may be impaired, the patient's autonomy may be reduced and these may give rise to misunderstandings about the physician's prescribing behavior. That said, there are a couple of important exceptions. The position allows self prescribing or family prescribing for "minor illnesses and [for] emergencies," though the specific situations that would qualify are not defined. When providing care to oneself or to loved ones, the prescriber is advised to comply with all the requirements of good medical practice, including appropriate record keeping.

The Medical Board recognizes that this is not a bright line and it understands pharmacies – and pharmacists – have the right to decide whether to fill a particular prescription. Pharmacies may adopt a blanket policy against filling prescriptions they suspect are in conflict with the Medical Board's position, or they may decide to dispense on a case-by-case basis, taking into account the type of pharmaceutical, whether or not it is a controlled substance,

the dosage, the type of condition for which it is prescribed, and the circumstances under which it was prescribed.

## **Item 2181 – Elections for Northeastern and Central Board Seats**

At press time for this edition of the *Newsletter*, the following pharmacists had submitted the appropriate petitions to place themselves on the ballot for the two Board seats up for election in April/May.

### ◆ **Northeastern District:**

Gene Minton, Littleton  
Brenden O'Hara, Cary  
Mahendra "Mac" Patel, Cary  
Tony Mitchum, Durham

### ◆ **Central District:**

Robert Beddingfield, Carthage  
Michael Gabriel, Charlotte  
E. Lazelle Marks, Rockingham  
Max Gardner Reece, Jr, New London  
Scott Romesburg, Matthews

All pharmacists licensed **and** residing in North Carolina as of March 15 prior to the election are eligible to vote. Thus, even though only seats from the Northeastern and Central Districts are up for election, **all** North Carolina licensed pharmacists who also live in North Carolina are eligible to vote.

As noted in earlier editions of the *Newsletter*, 2009 marks the debut of an electronic voting system for Board elections. North Carolina pharmacists who have provided the Board with a valid electronic mail address will receive an electronic message containing their secure voting link.

**Pharmacists who wish to use a paper ballot instead of the electronic voting system must request one, and all such requests must be actually received by the Board on or before April 20, 2009.**

All pharmacists eligible to vote in the election will receive a description of each nominee's qualifications

*continued on page 4*



## **NABP Seeking Pharmacists in All Practice Areas to Take Survey**

The expertise of pharmacists in all areas of pharmacy practice is needed for an online survey NABP is conducting as part of a full pharmacy practice analysis. The survey, which is available at [www.zoomerang.com/Survey/?p=WEB228YSHUR9UR](http://www.zoomerang.com/Survey/?p=WEB228YSHUR9UR), will run from April 1 to June 30, 2009. Survey results will furnish data necessary to update and validate the current North American Pharmacist Licensure Examination® (NAPLEX®) competency statements, which are scheduled to be revised and implemented into the 2010 blueprint.

NABP conducts a pharmacy practice analysis at least every five years in accordance with standard testing industry examination development and revision guidelines. The analysis allows NABP to ensure that the NAPLEX competencies are in line with the existing pharmacy practice standards and that they accurately reflect the current knowledge, skills, and abilities of entry-level pharmacists seeking licensure.

## **Teen Abuse of Prescription Medications: Curtailing a Growing and Dangerous Trend**

Teen-targeted, antidrug campaigns have shifted focus to tackle the current culprit in teen drug abuse: prescription medications. The nonprofit Partnership for a Drug-Free America (Partnership), and government agencies such as the Office of National Drug Control Policy (ONDCP) are using Web sites and televised public service announcements to educate parents and teens about the dangers of prescription drug abuse as well as prevention strategies. In support of such efforts, the National Association of Boards of Pharmacy® (NABP®) is taking steps to raise awareness among pharmacy stakeholders about the urgency of the issue, the benefits of prevention counseling for parents and teens, and support of local medication disposal programs.

### **A Trend with Deadly Consequences**

The teen prescription drug abuse trend demands an assertive approach, as the Centers for Disease Control and Prevention (CDC) indicates that unintentional drug poisoning from misuse of prescription drugs is now the second leading cause of accidental death in the United States. Further, according to the Drug Abuse Warning Network, emergency room visits for prescription medication abuse and “street drugs” are almost equal. Substance Abuse and Mental Health Services Administration (SAMHSA) studies reveal that more teens are trying prescription medications in order to “get high” than marijuana.

To complicate matters, a study done by the Partnership suggests that prescription drugs are not just replacing illicit drugs but instead appear to be an intermediate step in drug use. As one survey participant stated, “[T]aking pills made me much more open to taking x [ecstasy]. At a certain point, it just became another pill.”

### **Prescription Drugs of Choice for Teens**

Pain relievers such as Vicodin® and OxyContin®, stimulants such as Adderall® and Ritalin®, and tranquilizers such as Xanax® and Valium® are the prescription medications most frequently abused by teenagers, the Partnership finds.

Putting the problem in perspective, SAMHSA studies from 2007 show that 2.1 million adolescents age 12 or older tried prescription medications for nonmedical uses – the same number that tried marijuana. Tranquilizers (1.2 million teens), cocaine (0.9 million teens),

ecstasy (0.8 million teens), inhalants (0.8 million teens), and stimulants (0.6 million teens) were the next drugs most frequently chosen by teens for first time use. SAMHSA reports that, every day, 2,500 youths (age 12 to 17) abuse a prescription pain reliever for the first time. Among teens who have abused painkillers, nearly one-fifth (18%) used them at least weekly in the past year.

Teens are also abusing over-the-counter products such as cough/cold medications. According to a SAMHSA study, 3.1 million people aged 12 to 25 had tried cough or cold medications to get high in their lifetime, and almost 1 million had done so in 2005.

### **Why Teens Choose Prescription Medications**

In surveys conducted by the Partnership, teens reported that they used prescription drugs to help them deal with problems, manage their lives, lower stress, and enhance performance, as well as to get high.

According to ONDCP’s 2008 report, *Prescription for Danger: A Report on the Troubling Trend of Prescription and Over-the-Counter Drug Abuse Among the Nation’s Teens*, teens think that using prescription medications to manage stress or get high is safer than using street drugs. Further, prescription medications are more easily available to teens than illicit drugs such as cocaine or ecstasy. Teens obtain medications from the medicine cabinet at home, through friends, or at friends’ homes.

While prescription drugs may be more readily accessible for teens, large numbers are combining these medications with alcohol and/or illicit drugs. For example, 49% of teens who abused painkillers reported using two or more other drugs, including alcohol (81%) and marijuana (58%), ONDCP reports. Further, the report notes, poisonings as a result of combining prescription and over-the-counter drugs have risen drastically.

### **Stemming the Growth of Prescription Drug Abuse**

In response to this growing problem, organizations and government agencies recommend educating both parents and teens about the dangers of prescription drug abuse, and modifying and encouraging the use of prescription medication disposal programs.

At its 104<sup>th</sup> Annual Meeting in May 2008, NABP passed a resolution that stipulates use of its newsletter programs to keep pharmacists and other constituents informed about the urgent issue of teen prescription drug abuse, so that they in turn can help to provide parents and teens with current prevention information. Such educational efforts are vital, as the Partnership reports that most parents do not realize that teens are intentionally abusing medications to get high, and that they think their teens are not vulnerable to prescription drug abuse. Further, the Partnership finds that, like many teens, parents tend to think that teen abuse of prescription medications is safer than teen abuse of street drugs.

Organizations such as the Partnership aim to educate parents and teens directly, informing them about the abuse trend, and emphasizing the necessity of using prescription medications appropriately.

Knowledge of this information is important to pharmacists since they are in an excellent position to counsel parents on teen drug abuse when dispensing prescriptions with high abuse potential.

Phil Bauer of the Partnership stated in his presentation at the NABP 104<sup>th</sup> Annual Meeting: “We need to reach out and empower parents, give them the information they need. Parents talking to kids reduces



drug use by 50%.” Similar to past drug prevention programs that focused on illicit drugs, Bauer and the Partnership encourage parents to communicate with their kids about prescription drug abuse and its dangers. Likewise, ONDCP reports that when parents express strong disapproval of drug abuse, teens are much less likely to adopt this dangerous behavior.

Another immediate step parents can take, the Partnership advises, is safeguarding the medications kept in their homes. Safeguarding involves properly disposing of unused and expired medications, and taking an inventory of all current medications. Further, parents can keep medications stored in an area that is not readily accessible to teens or their friends.

To raise awareness among families and the public, the Partnership, along with ONDCP, launched a media campaign using their Web sites as well as televised public service announcements aired during the 2008 Super Bowl. The Partnership Web site provides a list of facts parents can stress to teens. The Web site states: “The Partnership is urging parents, both through this new campaign and through our online resources and information to learn about this serious problem, share the information with their teens, and take action to prevent teens from accessing these medications at home.”

More information and resources are available on the Partnership Web site at [www.drugfree.org](http://www.drugfree.org).

## Health Care Consumers:

### Essential Partners in Safe Medication Use



*This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Edition by visiting [www.ismp.org](http://www.ismp.org). ISMP is a Federally Certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a Food and Drug Administration (FDA) MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program (MERP) or report online at [www.ismp.org](http://www.ismp.org). ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org).*

A study in the September 10, 2007 *Archives of Internal Medicine* found that a significant percentage of American consumers may not be using their medications safely.

Between 1998 and 2005 alone, there was a 360% increase in deaths attributed to consumers using medications incorrectly at home (not involving alcohol or street drugs).

Proactive communication between pharmacists and patients is a major way to reduce the risk of medication errors.

However, there are barriers to patients communicating with pharmacists about the drugs they are taking, including limited time

for speaking with patients and lack of appropriate written materials. Pharmacists should explore ways to make suitable written materials on medications readily available. Be sure to seek feedback from patients (eg, through focus groups and targeted satisfaction survey questions) to ensure that written materials effectively communicate the most important information.

Management support for widespread education is essential to ensure effective use of electronic resources as well as dedicated time to talk with patients.

Many pharmacists assume that their patients can read, understand, and act on instructions on medication labels and in medication information pamphlets. But although 90 million Americans read below the 5<sup>th</sup> grade level, 98% of the medication information sheets accompanying dispensed prescriptions are written at a 9<sup>th</sup> to 12<sup>th</sup> grade level or higher.

Poor health literacy can lead to consumers misusing and making mistakes with their medications. Adults with low health literacy:

- ◆ Are less likely to adhere to prescribed treatment and self-care regimens
- ◆ Make more medication or treatment errors

Children are particularly vulnerable to medication misuse. One study has demonstrated that parents give their children an incorrect dose of over-the-counter fever medicine 47% of the time. Other recent studies have shown that educating parents on how to measure and administer the correct dose of medication for their children can prevent serious errors.

When dispensing pediatric medication, involve the child's parents and demonstrate correct measurement and administration techniques when possible. Emphasize the importance of using an appropriate measuring device (the original product dropper or dosing cup, or proper type of syringe), not a household spoon.

The Internet has opened a whole new avenue for consumers to obtain information on how to use their medications. Americans spend a large portion of time online searching for advice about health and safety. According to the 2007 *Preventing Medication Errors*, the percentage of adults who have sought health information online grew from 27% (54 million) in 1998 to 53% (117 million) in 2005.

But the report found that while there is an abundance of Internet-based health information, the quality of that information is variable.

ISMP maintains links to leading patient safety entities and information on its Web site, [www.ismp.org](http://www.ismp.org), and recently launched a consumer-focused Web site that provides even more specific medication safety information. Visit the new site at [www.ConsumerMedSafety.org](http://www.ConsumerMedSafety.org).

### FDA Expands Warning to Consumers about Tainted Weight Loss Pills

On January 8, 2009, FDA expanded its nationwide alert to consumers about tainted weight loss pills that contain undeclared, active pharmaceutical ingredients. On December 22, 2008, FDA warned consumers not to purchase or consume 28 different products marketed for weight loss. Since that time, FDA analysis has identified 41 more tainted weight loss products that may put consumers' health at risk. The complete list of drugs is available on the FDA Web site.

along with their electronic ballot (or, if timely requested, their paper ballot). The Board's Web site – [www.ncbop.org](http://www.ncbop.org) – will also host nominee qualifications material for viewing and downloading.

All ballots, whether electronic or paper, must be received by the Board on or before May 15, 2009. Ballots will be tallied at the next regularly scheduled Board meeting after May 15. If a runoff election is required, Board staff will notify North Carolina pharmacists of the procedures and timelines.

Board members and staff encourage pharmacists to vote in these important elections. North Carolina is the only state that still provides its pharmacists with the opportunity to be involved in the selection of Board members.

### **Item 2182 – North Carolina Controlled Substance Reporting System**

Pharmacists in the state are aware that the General Assembly enacted a Controlled Substance Reporting System in 2006, and that the system has been operative for over a year. The Drug Control Unit of the North Carolina Department of Health and Human Services administers the Controlled Substance Reporting System.

Relatively few pharmacists apparently are aware that they may obtain access to the Controlled Substance Reporting System to review patient controlled substance histories. Such review can serve two important functions.

**First**, a review of a patient's controlled substance history can remove suspicion that a patient is seeking to obtain a controlled substance prescription inappropriately.

**Second**, review of a patient's controlled substance history can assist pharmacists in identifying "pharmacy shoppers" or "doctor shoppers" who are obtaining controlled substances for illegitimate purposes.

The Controlled Substance Reporting System database, as with any other tool, is **not** a substitute for a pharmacist's professional judgment. Pharmacists who wish to obtain access to the database can find more information at [www.dhhs.state.nc.us/MHDDSAS/controlledsubstance/index.htm](http://www.dhhs.state.nc.us/MHDDSAS/controlledsubstance/index.htm).

### **Item 2183 – Dispensing Prescription Drugs With Measuring Devices**

A Board member recently received a question from a friend about how to properly measure a dose of Vitamin B12 solution for injection. Directions for the patient were to inject 1 milligram intramuscularly every month. The patient expressed confusion on how to measure this dose from a Vitamin B12 solution with a labeled strength of 1,000 micrograms per milliliter. The patient's syringe was labeled with milliliter doses.

The patient did not know how to measure the correct dose, expressing understandable confusion among milligrams, milliliters, and micrograms. Nor is it reasonable to expect patients readily to understand such measurements or to be able easily to calculate appropriate conversions.

Accordingly, pharmacists should always provide prescription labeling that matches the particular dispensing device used with the drug. For instance, in the above situation, a prescription label stating: "Inject 1 mg intramuscularly each month. Use syringe to measure 1 ml from vial (1 mg dose = 1 ml of 1,000 mcg/ml solution in vial)." Moreover, pharmacists must always explain to patients how to measure the correct dose of a prescription drug dispensed with a measuring device.

### **Item 2184 – Tacrolimus Added to the North Carolina Narrow Therapeutic Index List**

The Pharmacy Practice Act provides:

A prescription for a narrow therapeutic index 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 another manufacturer's product, and the prescriber and the patient give documented consent to the dispensing of the other manufacturer's product. For purposes of this subsection, the term "refilled" shall include a new prescription written at the expiration of a prescription which continues the patient's therapy on a narrow therapeutic index drug.

N.C.G.S. §90-85.28(b1).

On January 27, 2009, North Carolina's Secretary of Health and Human Services directed that oral dosage forms of tacrolimus be added to the narrow therapeutic index list. Secretary Lanier Cansler's order followed several months of information gathering and hearings by the Board of Pharmacy, Medical Board, and State Health Director.

The current list of narrow therapeutic index drugs is found at [www.ncbop.org/faqs/Pharmacist/faq\\_NTIDrugs.htm](http://www.ncbop.org/faqs/Pharmacist/faq_NTIDrugs.htm).