April, 1996

North Carolina Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

P.O. Box 459, Carrboro, NC 27510-0459
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Item 869 – Disciplinary Actions

Pre-Hearing Conferences

July 1995:

Michael E. Priester (DOB: November 26, 1962), Sarasota, Florida. Heard by Board Member Day. Placed false documents on file at a pharmacy in Hendersonville for Stadol NS, Lorcet Plus, and Xanax for his wife, Stephanie Priester; false entry records also resulted in the dispensing of the items noted above without a prescription to his wife, Stephanie.

Recommendation: License suspended indefinitely, stayed for five years with active suspension of 30 days and other conditions. Accepted by Mr. Priester and the Board.

Scott R. Donaghy (DOB: August 14, 1961), Salisbury, North Carolina. Heard by Board Member Lockamy. Excessive dispensing errors.

Recommendation: Probationary period of two years with condition that Mr. Donaghy notify his current employer of the Pre-Hearing Conference proceedings, and that the Board be notified of any prescription misfills for the next two years. Accepted by Mr. Donaghy and the Board.

August 1995:

Robert Noel Pope (DOB: July 15, 1949), Grifton, North Carolina. Heard by Board Member Moose. Indulged in the use of drugs to an extent that rendered him unfit to practice pharmacy.

Recommendation: License suspended indefinitely, to be reinstated only under specific conditions. Accepted by Mr. Pope and the Board.

November 1995:

Robert Noel Pope (DOB: July 15, 1949), Grifton, North Carolina. Request for license to be reinstated granted by Board with conditions.

James L. Patterson, Jr. (DOB: April 30, 1952), Statesville, North Carolina. Violation of Board Consent Order entered June 22, 1992. License suspended indefinitely, stayed for five years with conditions.

[redacted]:

[redacted]

Pre-Hearing Conferences
(held December 1995; accepted by the Board January 1996)

Benjamin Scott Dinkins (DOB: July 23, 1957), Monroe, North Carolina. Heard by Board Member Watts. Consumption of controlled substances obtained without authorization of a prescriber.

Recommendation: License suspended indefinitely, stayed for an indefinite period with active suspension of 18 months beginning on September 28, 1994 and ending March 28, 1996, and other conditions. Accepted by Mr. Dinkins and the Board.

David K. Earnhardt (DOB: April 9, 1960), Greensboro, North Carolina. Heard by Board Member Watts. Used prescription drugs, including controlled substances, without authorization.

Recommendation: License suspended for five years, stayed five years with active suspension of six months to begin December 7, 1995, and other conditions. Accepted by Mr. Earnhardt and the Board.

Marcus Cameron (DOB: June 6, 1929), Sanford, North Carolina. Heard by Board Member Watts. Dispensing Methocarbamol, a prescription drug, without a prescription and without proper labeling; dispensing

Continued on page 4

National Pharmacy

(Applicability of the contents of articles in the National Pharm... and can only be ascertained by ...

NABP's New Electronic Licensure Transfer Program Is Operational

The National Association of Boards of Pharmacy's (NABP) Electronic Licensure Transfer Program (ELTP) is now operational. With all jurisdictions currently participating or finalizing agreements to participate, the ELTP has proven to be a successful program that is expected to greatly assist licensed pharmacists and the state boards of pharmacy in completing the procedures for pharmaceutic licensure transfer. Instead of relying on the U.S. Postal Service and a laborious paper trail, the new ELTP system will expedite the licensure transfer process by utilizing electronic mail (e-mail) messaging capabilities to promptly verify an applicant's information with the state boards of pharmacy.

Several alterations have been made to the "NABP Preliminary Application for Transfer of Pharmaceutic Licensure." The new Preliminary Application focuses on the outcomes, rather than the process of obtaining pharmacy education and experience. While it no longer requires detailed information about each year of an applicant's pharmacy schooling and each internship experience, necessary information is requested about a transfer applicant's education, prelicensure experiential hours, licensure examination score, licensure status, employment, and disciplinary actions.

Currently, a pharmacist wishing to initiate the licensure transfer process contacts either NABP or a state board of pharmacy to obtain a Preliminary Application. This process has been revised, and applicants will now be offered a new option for obtaining a Preliminary Application by accessing NABP's new Electronic Preliminary Application through an electronic bulletin board.

Once the Preliminary Application has been completed and the information has been verified by NABP, the Association will print an Official Application for Transfer of Pharmaceutic Licensure and will mail it directly to the pharmacist. The applicant will be responsible for signing the form and having his or her signature notarized. A moral character voucher completed by a pharmacist licensed in the jurisdiction of the United States in which the applicant is currently licensed, and two photographs which are to be certified by the pharmacist who completes the moral character voucher are also required. The applicant must then forward the signed Official Application, the moral character voucher, the photographs, and the licensure fee to the board of pharmacy in the jurisdiction to which he or she wishes to transfer licensure.

As explained in the article entitled "NABP Implements New Electronic Licensure Transfer Program" which appeared in the first quarter 1996 "National Pharmacy Compliance News" section of this *Newsletter*, NABP's fee for processing a licensure transfer application and verifying an applicant's credentials is $250 for the first state and $50 for each additional state requested during the same transaction. This fee reduction went into effect on March 1, 1996.

For more information about the new procedures for pharmaceutic licensure transfer, contact NABP's Licensing Programs Department at 847/698-6227 or your state board of pharmacy office.

Pharmacists Eye Collaborative Practice

For several years, some members of the pharmacy profession have advocated an expanded role for pharmacists in which practitioners would have more direct involvement in the overall drug use process as part of their pharmaceutical care responsibilities. Those who share this vision would have pharmacists actively participate in therapeutic decisions with the authority to initiate and/or modify patients' drug therapy under a collaborative practice agreement with the attending physician. Research conducted by the National Association of Boards of Pharmacy (NABP) indicates that states are slowly adopting legislation that would permit such a role. To date, ten states have granted their pharmacists some form of "independent" or "dependent" prescriptive authority, and other states are considering such legislation.

Dependent prescribing authority is defined as a delegated authority received from an independent prescriber by someone whom that prescriber believes possesses the professional judgment and skills necessary to perform delegated duties. In most instances, the pharmacist and the physician have entered into a collaborative practice agreement or protocol under which the physician diagnoses and makes treatment decisions, and authorizes the pharmacist to select, monitor, modify, and/or discontinue the medication as necessary. The physician and pharmacist then share the risk and responsibility for patient outcome.

California, Mississippi, New Mexico, Nevada, North Dakota, Oregon, South Dakota, Texas, and Washington all report varying degrees of "dependent" prescriptive authority for their pharmacists. Such authority is typically granted under board regulations which describe the functions allowed and under which conditions they may be performed.

Many states report positive experiences when granting pharmacists some degree of prescribing authority. In Washington, the Board of Pharmacy conducted a survey that confirmed the overall satisfaction of prescribers and pharmacists with the state's protocol system, which has been in effect since 1979. Donald H. Williams, executive director of the Washington Board, reports that, "Our experience to date has been very favorable. We are pleased that Washington pharmacists have been able to incorporate this aspect of pharmaceutical care into their practices, and we would encourage other states to explore prescribing authority for their pharmacists." Other states considering this type of legislation include Iowa, Kansas, Kentucky, Missouri, New Jersey, Oklahoma, and Pennsylvania.

At present, Florida is the only state in which pharmacists have an independent, albeit limited, prescriptive authority. Independent prescribing authority gives the practitioner sole responsibility for drug treatment decisions and their resulting outcomes. Individuals who are granted such authority "must possess legally defined levels of knowledge and skill to diagnose conditions."

The Florida Board of Pharmacy regulations outline the conditions under which a pharmacist may order medications, and provide a formulary of medications from which a pharmacist must choose when prescribing. While Florida pharmacists may order drugs to treat such conditions as menstrual cramps, nausea, hem...

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orrhoids, and certain skin conditions, resistance from the state medical society has restricted the scope of their prescriptive authority by limiting the formulary to less than 50 drugs. However, this may soon change as the Florida Pharmacist Prescribing Formulary Committee is currently reviewing petitions requesting additions to the formulary. Other obstacles the Florida Board still has to face include concerns about professional liability exposure and the 10-minute time frame necessary to complete the paperwork required for each prescription, both of which have caused pharmacists to self-limit their prescribing activity.

[1] K.A. Galt. The key to pharmacist prescribing: Collaboration. *Am J Health-Sys Pharm.* 1995; 52: 1696-99.

ACPE and NABP Present New CE Numbering System

The American Council on Pharmaceutical Education (ACPE) has modified the Universal Program Numbering system used to identify continuing pharmaceutical education (CPE) programs. The process that led to this action was initiated by a resolution passed by the National Association of Boards of Pharmacy's (NABP) Executive Committee and membership who addressed the needs of states in identifying specific topic and/or format CPE requirements for relicensure. The resolution asked that NABP work with ACPE to expand the Universal Program Number.

Consistent with its goals, which include providing a basis for uniform acceptance of CPE credit, the ACPE responded. This change in the Universal Program Number is the first since the inception of the Provider Approval Program in 1975. Prior to adoption of the new system, the Council consulted with providers and boards of pharmacy regarding the issues and how best to handle them. The result is a numbering system that incorporates designators for topic and format, and addresses an existing need for designation of cosponsorship status. More flexible and complex than before, the new system has been accepted in large manner by providers as meeting the needs of the profession.

The new numbering system and how it generally differs from the previous system are explained in the following comparison.

Old System

679-205-95-001

679-205 ..... provider number with first three digits (679) indicating approval in June of 1979 and the second three digits (205) as the unique identifier for NABP
95 ..... program developed in 1995
001 ..... sequential number within 1995

New System

205-000-95-001-L01

205 ..... provider number (NABP)
000 ..... no cosponsoring organization
95 ..... program developed in 1995
001 ..... sequential within 1995
L01 ..... live program, drug therapy related topic

Cosponsorship Designators

000 ..... no cosponsoring organization
001-998 ... provider number of ACPE-approved cosponsor
999 ..... cosponsor with a non-ACPE-approved organization

Format Designators

L ..... Live offerings
H ..... Home study and other mediated offerings
C ..... Offerings that contain both live and home study or mediated components

Topic Designators

01 ..... Drug therapy related
02 ..... AIDS therapy related
03 ..... Law topics
04 ..... General pharmacy topics

New DEA Toll-Free Number for Registrants

The Registration Section of the Drug Enforcement Administration's (DEA) Office of Diversion Control has established a 24-hour toll-free phone number to enhance its ability to respond to the needs of its registrants. DEA registrants may use the phone number to request new applications for registration, renewal applications, duplicate certificates of registration, DEA order forms, and changes of address. Individuals who wish to speak with a registration assistant should call the number during normal business hours (8:30 a.m. to 5:00 p.m. ET). The toll-free number is 1-800/882-9539.

DEA Issues Computer Systems Warning

The Drug Enforcement Administration (DEA) has issued a warning regarding computer systems that provide for the electronic transmission of prescriptions from prescriber to pharmacist. DEA is aware of many computer software firms and a few organizations that are promoting such systems. Presently, the DEA has approved only one such computer system, which is used by a national pharmacy chain.

All DEA registrants should be aware that the legal requirements of a prescription, as indicated in Title 21, Code of Federal Regulations (CFR), Section 1306, continue to apply. Firms or organizations that would like to determine if their system complies with the regulations should write to DEA, Office of Diversion Control, Liaison and Policy Section, Washington, DC 20537.

Weather Freezes Second Quarter CE Articles

The second article in the continuing education (CE) series on Medication Errors entitled, "What to Do When an Error Occurs," which was originally scheduled for publication and inclusion in this newsletter, has been delayed until the next issue. Inclement weather in the eastern region of the U.S. shut down our presses and caused us to miss the printing deadline. As a result, the four-part CE article series which was scheduled to conclude in December 1996 will run until March 1997. The NABP Foundation, U.S. Pharmacist, and Glaxo Wellcome Inc., co-sponsors of the CE series, apologize for any inconvenience caused by this delay.

Continued from page 1

non-prescription drugs, such as acetaminophen, without proper labeling.

Recommendation: License suspended 90 days, stayed five years with conditions. Accepted by Mr. Cameron and the Board.

Joseph Daniel Re´ (DOB: November 10, 1942), Burlington, North Carolina. Heard by Board Member Watts. Consumption of controlled substances without the authorization of a prescriber.

Recommendation: License suspended five years, stayed five years with active three-month suspension beginning September 11, 1995, and other conditions. Accepted by Mr. Re´ and the Board.

William M. Elliott (DOB: June 17, 1939), Surfside Beach, South Carolina. Heard by Board Member Watts. Dispensed controlled substances without a prescription in South Carolina between 1991 and 1993 to include Phentermine and Diazepam; plead guilty in Horry County, South Carolina, to violation of South Carolina statute; South Carolina Board of Pharmacy issued an active suspension of Mr. Elliott's license for two years in July 1995.

Recommendation: License suspended five years, stayed five years with active six-month suspension beginning August 1, 1995, and other conditions. Accepted by Mr. Elliott and the Board.

ına Lynn Waas (DOB: December 11, 1969), Durham, North Carolina. Heard by Board Member Watts. Dispensing error.

Recommendation: Cautioned to be more careful in the dispensing of drugs in the future, and reminded to comply with the statutes and regulations governing the practice of pharmacy and the distribution of drugs. Accepted by Ms. Waas and the Board.

Item 870 – Rule Change on PA/NP Prescribing

Pharmacists need to know that physician assistants and nurse practitioners can prescribe controlled substances as noted in Item 797 of the October 1994 *North Carolina Newsletter*. This rule was recently revised to allow for the prescribing of up to a 30-day supply of Dextroamphetamine, Methylphenidate, and Pemoline for the treatment of ADD. Other prescriptions for Schedule II and III drugs are still limited to a seven-day supply.

Item 871 – New Rules

Effective September 1, 1995, all pharmacies where compounding routinely occurs must maintain a log showing the name or initials of the person who compounded the ingredients, and the name or initials of the pharmacist who checked the compounded product. This information needs to be retained for three years.

Another new rule provides that veterinary prescription drugs (i.e. those products whose label contains the statement, "Caution: federal law restricts this drug to use by or on the order of a veterinarian") may be dispensed only by a licensed veterinarian or by a pharmacist pursuant to a prescription.

Several new rules were considered by the Board in January and February, but had not been adopted as of the press time for this *Newsletter*. More information about the new rules will appear in the July *Newsletter*.

Item 872 – Caution on Product Selection

North Carolina pharmacists understand that the state product selection law presumes that pharmacists can use product selection on any prescription unless it is specifically prohibited by the prescriber. There are a number of drugs, however, for which product selection would be unwise due to difficulties with therapeutic interchange. Among these are:

Coumadin
Dilantin
Lanoxin
Premarin
Procan SR
Provera
Synthroid
Tegretol
Theophylline, Sustained Release

While there may be other products for which cautions about product selection would be applicable, it is generally accepted that risks occur with substitution of the above-named drugs.

Item 873 – Compounding Morphine

The Board has been informed that some pharmacists are compounding high concentrations of morphine sulfate injections for use, instead of morphine tablets. This product is intended for epidural use for injection directly into the spine.

There is a commercial product available called Infumorph, which the Board has been informed is expensive. Pharmacists who wish to compound this product should be aware that a protocol exists for this procedure. The protocol was published in the October 1st issue of the *American Journal of Health System Pharmacists* on page 2125. Copies of this article can be obtained from the Board office.

Item 874 – Notes on Patient Counseling

Complaints come to the Board office from time to time. Among the most recent was a comment about patient counseling. A pharmacist dispensing a prescription for a

Continued on page 5

Continued from page 4

psychotropic drug proceeded to counsel the person who picked up the prescription, who was not the patient. This person was the neighbor of the patient and had no idea that the intended recipient was suffering from mental problems. This is one good reason why pharmacists should get maximum information before making any decisions about patient counseling.

In another patient counseling incident, a Board inspector receiving prescriptions for personal use was not counseled or offered counseling on several successive occasions. Bizarre as this may seem it actually happened and has been dealt with in a Pre-Hearing Conference, which will be reported on in a future *Newsletter*. It would be a wise procedure to obtain the occupation of your patients as part of the patient information obtained under the patient counseling rule. This should be done not only to avoid situations such as the one noted above, but also to better advise your patients.

Item 875 – Insulin Use

Pharmacists should not interchange insulin species or types without the approval of the prescribing physician and without informing the patient of the type of insulin change being made. If an individual is admitted to a hospital, the type of insulin he or she has been using should not be changed inadvertently. If there is doubt about the principal species, human insulin should be administered until adequate information is available.

When purchasing insulin, the patient should make sure that the type and species are correct, that the correct brand has been dispensed if a specific brand has been prescribed, and that the insulin will be used before the expiration date. (Reprinted from *Diabetes Care*, Volume 16, May 1993.)

Item 876 – A Word to the Wise . . .

The following excerpts are from Peter Gal's remarks after receiving the Distinguished Service Award at the NCSHP meeting in February 1996.

> To identify our niche in health care and demonstrate our ability to participate in primary care provision in a cost-effective manner, studies and demonstration projects have been published and continue to be performed. Yet reimbursement for cognitive services generally remains elusive. Still primary care roles, such as reported by pharmacists in the Indian Health Service in the 1970s, are clearly within the abilities of many pharmacists. One critical observation was that for many patients receiving health care at the Indian Health Service, pharmacists became the preferred health care provider because they were less threatening and more accessible than other providers. In other words, they were a friendly, compassionate, accessible health professional. The old-fashioned community pharmacist also received frequent consultation about patient care despite limited medical background. Again, these pharmacists were friendly, attentive, and compassionate people. Their caring nature gained the trust of many patients and the respect of the public. Ultimately, public demand may profoundly influence professional roles in managed health care.
>
> Pharmacists gradually moved away from direct patient care and ultimately minimized patient contact, preferring to speak to other health professionals about the patient. This is also often true in hospital pharmacy with such "clinical" services as pharmacokinetic drug dosing, which involves interaction with the patient's chart and the patient's physician, but not necessarily the patient. In fact, patients may often be unaware of the pharmacist's contribution to their care.
>
> As we renew our commitment to be integral players in patient care, we must convince patients as well as administrators and other health care providers of the value of our contribution. One part is to develop consistent, dependable services to the entire scope of health care services. More achievable is the creation of public demand for system-wide clinical pharmacy services. This may best be accomplished by following the old-fashioned principles of being available, accessible, interested, compassionate, good listeners who are medically knowledgeable. Take a few minutes to speak with and show interest in patients and let them know their pharmacist is interested in their health care. The value and appreciation for a caring, compassionate health care provider becomes most apparent when an individual transitions from being a health care provider to being a hospitalized patient or a family member of a patient.
>
> A person's health is often poorly appreciated until it is impaired. Then the health problem can open the doorway to the health care system as a recipient, rather than a provider. Often it takes such an encounter with health care to appreciate the level of frustration and dehumanization experienced by many patients and family members. This experience is likely to become worse as health care dollars diminish and more is asked of fewer health care personnel. Despite our day-to-day frustration and the anxiety produced by our work environment and demands, it is better to be in our shoes than those of the unfortunate health care recipient. We must not lose sight of this, nor of the need for compassion.
>
> In my experience, when I help a patient and receive the gratitude of the individual or their family, my personal rewards far outweigh the benefits accrued by the recipient of my actions, i.e. I verify my personal value to health care; I recognize some personal good I have accomplished; I gain appreciation and respect from other

Continued on page 6

Continued from page 5

members of the health care team; I gain credibility with other health care providers for future situations; I become a positive role model for other frustrated health care providers who have forgotten their purpose and lost self-esteem; and if I'm lucky, I have cost-justified myself to some health care administrator for some intangible cost benefit to the organization.

For pharmacists to succeed in managed care, we must be ready to leave our traditional roles of distribution and directly participate in the patient's care with the rest of the health care team. We must develop new skills and a strong data base. While moving into this high-tech arena, let's remember to be the kindest, most concerned, most patient-oriented health care team member. We should hold the patient's hand once in a while, and be an ear for the complaints and concern. If we are competent in our medical responsibilities, it is this personal kindness that may make pharmacists truly indispensable to the health care organization, bringing benefits to patients and job security to ourselves. It's worth a try.

Item 877 – Device Reporting

Pharmacists generally are aware of the Board's rule which requires the reporting of deaths due to drugs dispensed through pharmacies. This rule also applies to prescription devices. A recent well-publicized case connected the use of a restraining device to a death at a nursing home. This item is a reminder that such events need to be reported to the Board.

Item 878 – New Law Book Available

The latest edition of the *North Carolina Pharmacy Law Book*, which is current through September 1, 1995, is now available. The *Law Book* should be kept in all pharmacies, and can be obtained by sending a request and a check or money order for $10.60 to:

North Carolina Board of Pharmacy
P.O. Box 459
Carrboro, NC 27510-0459

Item 879 – UNC and PharmD

The University of North Carolina School of Pharmacy is accepting applications through June 1, 1996 for the fall 1996 semester of the External Doctor of Pharmacy Program. For more information or applications, you may contact Pamela Joyner, EdD, MS, director of External Professional Programs, School of Pharmacy, CB#7360, Beard Hall, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7360. The telephone number is 919/962-0030, and the e-mail address is pam_joyner@unc.edu.

Item 880 – May 1996 Board Meeting

The date of the regular Board meeting in May has been moved to **Tuesday, May 14, 1996,** and will take place at the Board offices in Carrboro.

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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