



# North Carolina Board of Pharmacy

PO Box 4560, Chapel Hill, NC 27515-4560  
6015 Farrington Rd, Suite 201  
Chapel Hill, NC 27517  
Tel: 919/246-1050 Fax: 919/246-1056  
[www.ncbop.org](http://www.ncbop.org)

Published to promote voluntary compliance of pharmacy and drug law.

## Item 2177 – Upcoming Board Elections

Though a repeat from the last *Newsletter*, North Carolina Board of Pharmacy staff remind North Carolina pharmacists again that a number of Board elections are upcoming. Moreover, since the last *Newsletter* an amendment to the rules governing Board elections was finalized. As a result, Board staff will conduct the election by electronic voting. Those pharmacists who wish to do so may continue to vote by paper ballot, but that option will require the pharmacist to make a request for a paper ballot. Board staff will provide more information on the electronic voting system in the coming months.

Revised Rule .2107, which governs Board election balloting, now states as follows:

- (a) The Board shall provide a ballot to all eligible voters in April of each year that there is an election for Board position(s). The Board shall employ the following method for balloting:
  - (1) The Board shall provide access to an electronic ballot to all eligible voters; and
  - (2) A paper ballot shall be mailed, with return envelope, to any eligible voter who makes a written request for a paper ballot in lieu of access to an electronic ballot and whose request is actually received by the Board on or before April 20.
- (b) A description of a nominee's qualifications shall be accessible to all eligible voters casting their ballots electronically. The same description of the nominee's qualifications shall accompany each paper ballot sent pursuant to Subparagraph (a)(2) of this Rule.
- (c) On or before May 15, all ballots shall be cast electronically, physically delivered to the Board office, or postmarked, if the ballot is sent by U. S. mail.
- (d) Ballots received shall be counted and certified by the Board of Pharmacy at the next regularly scheduled Board meeting following an election. The Board of Pharmacy shall determine the validity of any challenged ballot, and electronic and/or mechanical devices may be used in compiling election results. No person running for election or re-election may participate in the counting and certification of ballots for the election or re-election involving that person.

- (e) The Executive Director shall convey the certified election results to the Governor.

To review once more the timelines for upcoming elections: The next Board election will take place in **April/May 2009**. Two positions on the Board will be filled: The Northeastern District seat presently held by Wallace Nelson, and the Central District seat presently held by Stan Haywood. Messrs Nelson and Haywood will complete their second consecutive five-year terms on April 30, 2010 and thus are term limited. Following the 2009 election, the Board members-elect will serve a one-year learning term before assuming their seats May 1, 2010.

The Northeastern District comprises Bertie, Camden, Chowan, Currituck, Dare, Durham, Edgecombe, Franklin, Gates, Granville, Halifax, Hertford, Hyde, Martin, Nash, Northampton, Pasquotank, Perquimans, Tyrell, Vance, Wake, Warren, Washington, and Wilson counties.

The Central District comprises Anson, Cabarrus, Chatham, Davidson, Davie, Iredell, Lee, Mecklenburg, Montgomery, Moore, Randolph, Richmond, Rowan Stanly, and Union counties.

A Board member elected from a district must be a resident of that district at the time of election. All pharmacists licensed and residing in North Carolina are eligible to vote in the election. Candidates for the Board may be nominated by the Board's Committee on Nominations or may be made by petition of ten (10) eligible voters from the relevant district. Petitions must be filed in the Board office or postmarked by March 10, 2009, and all nominations are closed by March 15, 2009.

Subsequent elections are as follows:

**April/May 2010.** Election for the Southeastern District seat presently held by Joey McLaughlin. Mr McLaughlin is serving his first five-year term and thus is eligible to run for re-election.

The Southeastern District comprises Beaufort, Bladen, Brunswick, Carteret, Columbus, Craven, Cumberland, Duplin, Greene, Harnett, Hoke, Johnston, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pender, Pitt, Robeson, Sampson, Scotland, and Wayne counties.

The winner of this election will begin his or her term May 1, 2011.

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## FDA Web Site Upgrades Support MedWatch's Patient Safety Goal

Two recently launched additions to the Food and Drug Administration's (FDA) Web site are intended to support the "Patient Safety" goal that MedWatch shares in public health efforts to protect patients from serious harm and improve outcomes. The entry pages assist health care professionals and patients to locate timely safety information for FDA-regulated human medical products and assist them in making diagnostic and therapeutic decisions.

The content and links on the new FDA entry page specifically for health care professionals allows busy doctors, pharmacists, nurses, and other health care professionals to find information to make point-of-care decisions. There is information that is specifically safety-related, such as easy access to reporting adverse events or finding new safety alerts, warnings, and recalls. Users can also find content regarding new approvals information, or access to the current version of the label, or prescribing information in "DailyMed." This page can be accessed through [www.fda.gov/healthprofessionals](http://www.fda.gov/healthprofessionals).

FDA's other new page is specifically for patients and provides two patient-friendly articles about reporting adverse events and product quality problems to FDA and to the patient's caregivers. These articles are also available to pharmacists in printer-friendly PDF versions that can be downloaded and distributed to patients. FDA relies on properly and timely reporting of serious and unexpected drug and device-related adverse events, use errors, and quality problems. Pharmacists can ascertain and teach their patients to understand the "what, why, and how" to report to FDA and also learn about what happens to each received report and whether it leads to FDA action that may make product use safer for both patients and providers. FDA's patient specific page can be found at [www.fda.gov/consumer/default.htm](http://www.fda.gov/consumer/default.htm).

## Retail Pharmacies Now Providing Medical Clinics to Improve Public Safety



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that works closely with USP and FDA in analyzing 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 recommendations for prevention of reported errors 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). If you would like to report a problem confidentially to these organizations, go to the ISMP Web site ([www.ismp.org](http://www.ismp.org)) for links with USP, ISMP, and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 200 Lakeside Dr;

Horsham, PA 19044. Phone: 215/947-7797. E-mail: [isminfo@ismp.org](mailto:isminfo@ismp.org).

Retail pharmacy corporations have set up medical clinics within pharmacies. These nurse-practitioner or physician-assistant run clinics aim to rapidly diagnose and treat a limited number of health problems. Many also offer vaccination programs. The first pharmacy-based medical clinics were opened in Minnesota as QuickMedx in 2000, later becoming MinuteClinic in 2002. Currently there are approximately 1,000 sites in 37 states representing almost three million cumulative visits.

The emergence of pharmacy-based medical clinics offers a unique set of opportunities to improve the safety in prescribing and dispensing medications. Do you have a clinic opening in your store? If so, consider these safety recommendations:

- ◆ Meet the nurse practitioners and physician assistants and introduce them to your staff. Show them how your operation works and invite them in for a tour.
- ◆ If you have prescription scanning capabilities, show them how a scanned prescription displays on your monitor. Show them how different prescription blanks scan (eg, colored prescription blanks, blanks with water marks or seals for diversion) and what to avoid using so as not to distort the actual order.
- ◆ If they are using a device that allows them to send prescriptions electronically, have them send test prescriptions to you, invite them in to see how their prescriptions display on your computer and send them back test refill requests.
- ◆ Work together on any issues that arise, such as conflicting directions and special instructions, where the automatic sig indicates one set of patient directions and then the free text special instructions contradict the sig (see image below).

	LORAZEPAM 0.5MG TABLET
Sig:	1 Tablet(s) PO Q6-8H PRN anxiety, insomnia x 30 days
Dispense:	90 Tablet(s)
Special Instructions:	Take one tab as needed for anxiety or insomnia, may repeat x1.
Refills:	5
Signature:	_____

- ◆ Ask prescribers to include the indication for use whenever they write or call in a prescription.
- ◆ Educate them that it is your policy to read back the entire prescription order to them after transcribing it in the pharmacy including spelling the medication name. Let them know you will be using "cock-pit" language, for example, "one six" for "16."
- ◆ Ask them to include both the generic and brand names on all written orders for medications with look-alike and/or sound-alike names.
- ◆ Share with them ISMP safety tools (eg, List of Error Prone Abbreviations, List of Confused Drug Names) found at [www.ismp.org/Tools](http://www.ismp.org/Tools).



- ◆ Let them know you will dispense measuring devices every time they order a liquid medication.
- ◆ Let them know that safety is your priority when filling prescriptions, and invite them to be part of your safety team.

## **FDA Launches Web Sites on Promotion of Medical Products**

On September 3, 2008, FDA launched two new Web sites to provide information for consumers and industry about how FDA regulates the promotion of medical products. Pharmacists can obtain useful information regarding prescription drug advertising regulations as well as refer their patients who may have questions to the site.

The “Advertising Prescription Drugs and Medical Devices” Web site provides a “one-stop shop” portal to information on FDA regulation of medical product promotion. Pharmacists access relevant laws, regulations, and guidances. This site can be found at [www.fda.gov/oc/promotion/](http://www.fda.gov/oc/promotion/).

The direct-to-consumer Web site, “Be Smart about Prescription Drug Advertising: A Guide for Consumers” is designed to educate consumers about how to view such advertising to help inform their discussions with health care providers, and consequently to help improve patient’s understanding and medical care. This site was created in collaboration with EthicAd, an independent, nonprofit organization dedicated to helping consumers, health care professionals, and the pharmaceutical and advertising industries with direct-to-consumer advertising for prescription drugs. More information can be found at [www.ethicad.org](http://www.ethicad.org).

The direct-to-consumer site provides interactive example ads for fictitious drugs to illustrate the different requirements for the various types of ads. It also includes a list of questions patients should ask themselves when they see a prescription drug ad. This list can be printed for patients to use while discussing questions with their health care providers. This site can be found at [www.fda.gov/cder/ethicad/index.htm](http://www.fda.gov/cder/ethicad/index.htm).

## **FPGEE Returns to Computer-based Format**

As advancements in secure testing technology forge ahead, the push for more electronically based systems and less use of the traditional paper-and-pencil mechanisms continues. With this in mind, NABP will soon be returning the Foreign Pharmacy Graduate Equivalency Examination® (FPGEE®) to a computer-based format, eliminating the paper-and-pencil examination.

The FPGEE is the third computerized examination to be developed by NABP, after the North American Pharmacist Licensure Examination® (NAPLEX®) and Multistate Pharmacy Jurisprudence Examination® (MPJE®). The new computerized FPGEE will debut at the April 14, 2009 administration.

The computerized FPGEE examination will continue to be administered one day in the spring and one day in the fall; however, instead of limiting the available testing locations to three sites, applicants will be able to choose from more than

200 Pearson VUE testing sites located within the continental United States. In addition, it is anticipated that applicants will be able to schedule their test sites electronically 48 to 72 hours after having been accepted to take the FPGEE.

The NABP test vendor, Pearson VUE, will administer the computerized FPGEE as it does with the NAPLEX and the MPJE. Demonstrating a record of solid customer service combined with a secure and consistent test center network, Pearson VUE is committed to providing a reliable and professional testing environment for applicants on behalf of NABP.

The FPGEE is one component of the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) certification process. In addition to passing the examination, FPGEC applicants are required to have certain documents submitted from educational and licensure institutions that present their educational backgrounds and licensure and/or registration to practice pharmacy. Applicants must also pass the Test of English as a Foreign Language™ (TOEFL®) and the Test of Spoken English™ (TSE®), or the TOEFL Internet-based Test (iBT). The FPGEC certificate allows foreign graduates to partially fulfill eligibility requirements for licensure in the 50 United States and the District of Columbia where the certification is recognized.

To prepare for the FPGEE, NABP recommends that applicants take the Pre-FPGEE®, the official FPGEE practice examination written and developed by NABP. This practice examination is designed to help familiarize applicants with the FPGEE by exhibiting the types of questions provided on the actual examination as well as providing a score estimate.

Additional information on the FPGEE as well as the Pre-FPGEE is available in the Examination Programs section on the NABP Web site at [www.nabp.net](http://www.nabp.net).

## **Updated 2009 Survey of Pharmacy Law Now Available**

The NABP 2009 *Survey of Pharmacy Law*, providing a concise research source for key regulatory questions in pharmacy practice for all 50 states, the District of Columbia, and Puerto Rico, is now available.

The *Survey* updates, graciously provided by the state boards of pharmacy, consist of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Also, a new question in Section VII, “Issuance of Initial Pharmacist Licensure,” asks whether or not states require criminal history record checks for initial licensure as a pharmacist.

To order the *Survey*, visit the NABP Web site at [www.nabp.net](http://www.nabp.net) and download an order form; the *Survey* costs \$20.

All final-year pharmacy students receive the CD-ROM free of charge through the generous sponsorship of Purdue Pharma LP.

More information on the *Survey* is available by contacting customer service via phone at 847/391-4406 or via e-mail at [custserv@nabp.net](mailto:custserv@nabp.net).

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**April/May 2011.** Election for the Northern District seat presently held by Betty Dennis, and the Western District seat presently held by Rebecca Chater. Dr Dennis and Mrs Chater will complete their second consecutive five-year terms on April 30, 2012 and thus are term limited.

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

The Western District comprises Alexander, Allegheny, 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.

Winners of this election will begin their terms May 1, 2012.

### **Item 2178 – Upcoming DME Subcommittee Elections**

In more election news, the medical equipment supplier seat on the Board's Durable Medical Equipment Subcommittee is up for election in 2009. The successful candidate will serve a five-year term. Eligible candidates must practice in the medical equipment category, but need not practice exclusively in that area. All durable medical equipment permit holders are eligible to vote. Board staff intends to conduct this election electronically as well.

Durable medical equipment providers who meet the eligibility criteria and are interested in standing for election should contact Karen Matthew at the Board office by April 1, 2009.

### **Item 2179 – Technician Registration and Reinstatement Now Online Only**

Board staff's efforts to migrate registrations and renewals from paper to online processes continue apace. The latest additions: technician registrations and reinstatements. Pharmacist-managers received notification in the fall of this change in procedure.

The move to online technician registration and reinstatement has already proven to be a significant improvement. The move has largely eliminated the need for Board staff to return incompletely or improperly filled-out technician applications, allowing the registration process to move along at much faster pace.

Board staff reminds pharmacist-managers of their responsibility to ensure that all technicians are properly registered.

### **Item 2180 – Ryan Haight Online Pharmacy Consumer Protection Act Does Not Affect the Need to Comply With North Carolina Board Rules Governing Internet Pharmacy**

The US Congress recently passed, and the president signed into effect, the Ryan Haight Online Pharmacy Consumer Protection Act. The Haight Act marks the federal government's entry into the regulation of Internet-based pharmacy practice.

The Haight Act is an amendment to the federal Controlled Substances Act. Accordingly, it deals only with the provision of scheduled medications through Internet-mediated processes. Among other things, the act establishes federal requirements for "valid prescriptions" and "in-person medical evaluations." A violation of the Haight Act is a violation of the Controlled Substances Act, which carries with it severe penalties.

Both the federal Controlled Substances Act generally and the Haight Act specifically make clear that their requirements are in addition to, and not in lieu of, stricter state requirements. The North Carolina Board of Pharmacy rules governing Internet pharmacies are, in several respects, stricter than those found in the Haight Act. For instance, North Carolina rules govern the provision of **any** prescription medication through the Internet and require that any pharmacy meeting the definition of "Internet pharmacy" be Verified Internet Pharmacy Practice Sites™ (VIPPS®) accredited as a condition of obtaining or renewing a permit. An Internet pharmacy providing medications to North Carolina residents must comply with all North Carolina requirements in addition to those set forth in the Haight Act.

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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.

Jack W. "Jay" Campbell IV, JD, RPh - State News Editor  
Carmen A. Catizone, MS, RPh, DPh - National News Editor  
& Executive Editor

Larissa Doucette - Communications Manager

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National Association of Boards of Pharmacy Foundation, Inc  
1600 Fehanhville Drive  
Mount Prospect, IL 60056  
NORTH CAROLINA BOARD OF PHARMACY