January, 1995

North Carolina Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

P.O. Box 459, Carrboro, NC 27510-0459
Carrboro Plaza Shopping Center, Highway 54 Bypass,
Suite 104-C, Carrboro, NC 27510-1597

Item 804 – Disciplinary Actions

August:

Elizabeth O'Ham, Charlotte (DOB: October 21, 1962). Altering prescriptions for controlled substances; obtaining and consuming controlled substances without authorization. License suspended indefinitely.

Richard Vann Kennerly, Mooresville (DOB: December 14, 1949). Consuming alcohol; consuming controlled substances without authorization. Stay allowed by the Board's April 9, 1993 order of the indefinite suspension of license imposed by the Board's Final Order dated April 7, 1988 is terminated. License to practice suspended indefinitely.

Margaret M. Bridger, Raleigh (DOB: February 5, 1953), Robin Kluttz Gurley, Raleigh (DOB: November 19, 1957) and Blue Ridge Pharmacy and Medical Supply, Raleigh. Error made in compounding a prescription. Pharmacists issued Board Reprimand. Pharmacy permit suspended 14 days, stayed three years with conditions.

Wallace Allen Johnson, Jr., Mount Airy (DOB: September 8, 1953). License reinstated with conditions.

Pre-Hearing Conferences:

Clyde D. Bryson, Thomasville (DOB: March 26, 1947). Heard by Board Member Moose. Failure to renew pharmacy license in a timely manner. Recommendation: Board Reprimand. Accepted by Mr. Bryson and the Board.

Robert Edward Guy, Winston-Salem (DOB: July 17, 1955). Heard by Board Member Watts. Dispensing error. Recommendation: Letter of warning. Accepted by Mr. Guy and the Board.

Paul N. Campanile, Durham (DOB: November 13, 1960). Heard by Board Member Watts. Admitted use of Sufentanil without authorization. Recommendation: License suspended 30 days, stayed five years with conditions. Accepted by Mr. Campanile and the Board.

Paul L. Kandzer, Pfafftown (DOB: November 27, 1948). Heard by Board Member Moose. Failure to renew license to practice pharmacy in a timely manner. Recommendation: License suspended 30 days, stayed two years with a Letter of Reprimand issued and other conditions. Accepted by Mr. Kandzer and the Board.

Tamara M. Volk, Hickory (DOB: May 29, 1966). Heard by Board Member Moose. Failure to renew license to practice pharmacy in a timely manner. Recommendation: Board Reprimand. Accepted by Ms. Volk and the Board.

Omnie O. Grabs, Jr., King (DOB: December 17, 1933). Heard by Board Member Watts. Generic fiorinal dispensed on a prescription for Fioricet. Recommendation: Letter of Reprimand. Accepted by Mr. Grabs and the Board.

David K. Earnhardt, Summerfield (DOB: April 9, 1960). Heard by Board Member Watts. Failure to comply with the Board's rule on patient counseling. Recommendation: Seven active day suspension of license to practice, and additional contact CE hours to be earned. Accepted by Mr. Earnhardt and the Board.

Josephine Polhemus, Bessemer City (DOB: July 16, 1963). Heard by Board Member Moose. Failure to renew license to practice in a timely manner. Recommendation: Board Reprimand. Accepted by Ms. Polhemus and the Board.

September:

Patsy Dunn Holliday, Dover (DOB: May 29, 1943). Conspiring to possess with intent to distribute Dilaudid and Diazepam and in pleading guilty to this conduct. License suspended indefinitely, stayed with conditions.

Nicholas Andrew Collora, Graham (DOB: July 8, 1949). Obtaining and consuming controlled substances without authorization. License to practice pharmacy is suspended indefinitely.

October:

Central Pharmaceuticals, Seymour, Indiana. Stipulation entered. Return goods policy on return of outdated drugs does not comply with the standard set out in the Board's Rule on return of outdated drugs. Agreement that Central's current policy on the return of outdated drugs does not allow for the return of partial containers of outdated drugs for credit or replacement. Central consents to entry of an Order by the Board determining that under Central's present policy, its products are ineligible for use in product selection in North Carolina.

Glenn David Crotts, Mullins, South Carolina (DOB: March 8, 1953). Consuming controlled substances without authorization. License revoked.

Item 805 – Pharmacists' Role in Pregnancy

Community pharmacists are often the first health care providers to come in contact with pregnant women or women of child-bearing potential. This contact may occur through the purchase of a pregnancy test or ovulation predictor kit,

Continued on page 4

HCFA Publishes OBRA '90 Final Rule

The Final Rule implementing OBRA 90's regulatory requirements for the drug use review (DUR) program for covered outpatient drugs furnished to Medicaid recipients was published by the Health Care Financing Administration (HCFA) in the September 23, 1994 *Federal Register,* with an effective date of October 24, 1994. In addition to revising some key definitions, the Final Rule addresses several areas of interest to pharmacists.

The first of these areas addresses pharmacists' access to enough patient information to effectively perform their prospective drug use review (pro-DUR) functions. To comply with the pro-DUR requirements, a pharmacist may require access to a patient's diagnosis and medical history. While HCFA encourages pharmacists to develop relationships with prescribers to obtain this information, there is no federal requirement that prescribers include the patient's diagnosis on prescriptions. In HCFA's view, establishing a requirement that the patient's diagnosis be written on the prescription by the prescriber would involve regulating the practice of medicine. In response to comments calling for such a requirement, HCFA deferred to state governmental bodies.

Other comments on the pro-DUR process addressed the impact of over-the-counter (OTC) drugs on a patient's health status and drug regimen. Because contraindications can also occur with non-prescription drugs, the word "prescription" has been changed to the word "drug" in the description of drug-disease contraindications that pharmacists should check for during the prospective DUR process. The inclusion of OTC drugs in pro-DUR screening criteria is an important and therapeutically necessary addition.

Concerns for the confidentiality of patient information were again raised in the comments to HCFA. Several commenters suggested that §456.703(h) "should be more detailed and should require that states provide pharmacies with detailed information on how to comply with confidentiality requirements," especially in an electronic claims environment. While maintaining that current federal and state confidentiality requirements are sufficient, HCFA noted that "states may wish to establish policies to address these problems."

In response to comments calling for equal treatment of mail-order pharmacies under the Final Rule, §456.705(c) was amended to remove the specific reference to mail-order pharmacies. The Final Rule has been broadened to accommodate all situations where the patient or caregiver is not physically present in the pharmacy to receive either the offer to counsel or the counseling itself, such as when a prescription is delivered to the patient's home by a community pharmacy.

Section 456.705(c)(2) of the Final Rule clarifies requirements for mail-order and community pharmacies. This section now specifically states, "Mail-order pharmacies are required to provide toll-free telephone service for long-distance calls," while "A pharmacist whose primary patient population is accessible through a local measured or toll-free exchange need not be required to offer toll-free service."

A major point of discussion during the period when state boards of pharmacy were developing their pro-DUR and patient counseling rules and regulations was the determination of what exactly constitutes, and who may actually make, the "offer to counsel." While the Interim Final Rule deferred the development of counseling standards to the individual states, the Final Rule clarifies and expands federal criteria for state-established counseling standards.

Amendments to §456.705(c)(1) found in the Final Rule require that counseling standards established by state agencies address the following areas: 1.Whether the offer to counsel is required for new prescriptions only, or for both new and refill prescriptions; 2.Whether pharmacists must make the offer to counsel, or if auxiliary personnel are authorized to make the offer; 3.Whether only a patient's refusal of the offer to counsel must be documented, or whether documentation of all offers is required; 4.Whether documentation of counseling is required; and 5.Whether counseling is required in situations where the patient's representative is not readily available to receive a counseling offer or the counseling itself.

Regarding the collection of patient profile information, both HCFA's response to comments and the Final Rule itself address such issues as "what information is to be collected," "how the information is to be collected," and "by whom may it be collected." HCFA also amended §456.705(c)(2) by changing "individual medical history" to "individual history," because HCFA believes that the term "individual medical history" is not appropriate since it connotes obtaining such specific information as laboratory results and diagnosis.

The Final Rule is silent on the collection of patient profile information by non-pharmacist personnel. HCFA's response to comments on this issue defers to the states' authority to establish counseling standards. In response to comments requesting that HCFA define the term "reasonable effort" as it relates to collecting of patient information, HCFA again deferred to the individual states' counseling standards.

The issue of how dispensing physicians are viewed by OBRA '90 was also raised in the comments received by HCFA. In response to a comment that HCFA regulations do not address dispensing physicians, HCFA replied that in the Act, the "term 'covered outpatient drug' does not apply to drugs provided as part of physicians' services, unless there is a separate reimbursement for the drug." If there is a separate reimbursement for the drug, all requirements of the Act apply, except those requiring the offer to counsel, and to collect, record, and maintain patient profiles. HCFA explained that physicians are not included in the regulations because the OBRA '90 legislation specifically states that these areas are the responsibility of pharmacists. Again, HCFA notes that states are free to implement requirements for physicians in these areas.

Though not resulting in any amendments to the Interim Final Rule, HCFA did respond to comments that initial estimates

of personnel and equipment costs to pharmacies for implementation of the DUR requirements were too low and that estimates of savings to be generated by the program were too high. HCFA responded that they "were unable to provide a more quantitative analysis due to the lack of empirical data" and that "additional research in the future concerning these issues is needed . . ." In view of the lack of definitive research studies, HCFA does not believe "that the changes incorporated into this Final Rule as a result of public comments will have any significant impact on DUR costs."

DEA Removes Ephedrine Threshold

In laws that previously amended the federal Controlled Substances Act (CSA), ephedrine was classified as a "Listed Chemical" in the Chemical Diversion and Trafficking Act of 1988 (CDTA), and its transactions categorized as "regulated" by the Domestic Chemical Diversion Control Act of 1993 (DCDCA). Under the provisions of these two laws, only transactions involving 1.0 kilogram or more of ephedrine were subject to recordkeeping requirements and import/export reporting requirements.

Effective November 10, 1994, a Final Rule published by the U.S. Drug Enforcement Administration (DEA) in the October 11, 1994 *Federal Register* removes this 1.0 kilogram threshold for ephedrine under the federal Controlled Substances Act. As of the effective date, **all** transactions involving bulk ephedrine and single-entity ephedrine drug products are subject to recordkeeping and reporting requirements.

This change was enacted to reduce the diversion of ephedrine to clandestine methamphetamine ("Speed") and methcathinone ("Cat") laboratories where it serves as the primary precursor for the illicit production of these controlled substances. The DEA determined that in order to ensure the maximum effectiveness of the CSA, there should be no threshold because the previous threshold of 1.0 kilogram, equivalent to 40,000 dosage units of 25mg each, provided no deterrent.

While this Final Rule was in the proposed rule stage, the National Association of Boards of Pharmacy (NABP) submitted comments to the DEA that strongly supported its adoption, while reiterating NABP's support for the more restrictive actions already taken by individual states to place ephedrine in their controlled substance schedules, or to limit sales of ephedrine to prescription-only status.

DEA recognized that many additional entities that distribute ephedrine will now be required to keep records, and noted that "the sale of ephedrine is not a principal business activity of these entities [and] the recordkeeping, reporting, and notification requirements resulting from the elimination of the threshold are essential to prevent and detect the diversion of ephedrine products to clandestine laboratories."

In a related Interim Rule that became effective November 10, 1994, DEA clarified what records of Listed Chemical transactions would be adequate to satisfy the recordkeeping requirements of the CSA as amended by the CDTA and the DCDCA. The Interim Rule states that for prescription drug products, prescription and hospital records will be adequate to satisfy these recordkeeping requirements.

NABP to Revamp Transfer of Licensure Program

The NABP Executive Committee, proactively responding to the rapid developments in technology and computerization and to recommendations from its member boards of pharmacy, began a process to completely revamp the operating system for NABP's Transfer of Licensure (Reciprocity) Program.

The NABP Transfer of Licensure Program, which was established in 1904, assists state boards of pharmacy in evaluating candidates applying for licensure in other jurisdictions by facilitating the collection and verification of education, licensure, and practice data for the state boards. The Program also acts as an information and disciplinary clearinghouse for the state boards and for pharmacists transferring their licenses.

The enhancements to the Transfer of Licensure Program will be partially funded through increases in the current fees. Effective January 1, 1995, NABP's fee to transfer a pharmacist's license from one state to another increased to $250 for each state in which an applicant wishes to become licensed. Also effective on January 1, 1995, reciprocity applicants who request changes of state or extensions of time will be charged $50 per change or extension. All licensure transfer applications and requests for changes of state and extensions of time that are received at the NABP office with a postmark of January 1, 1995 or after will be processed at the new fee rates. The last fee increase took place in June, 1991.

In announcing the proposed enhancements and fee increases to the member boards of the Association, NABP President Paul G. Boisseau stated, "NABP's Executive Committee approved these fee increases in order to fund the necessary research and implementation of systems that will improve the efficiency and documentation of the licensure transfer process. Once implemented, reciprocating pharmacists will directly benefit from the shorter application processing times made possible through these enhancements."

Individuals who have questions or need further information about the fee increases or the Transfer of Licensure Program should contact NABP's Licensure Transfer Department at 708/698-6227.

Medicare Fraud Alert

According to a *National Medicare Fraud Alert* released by the Medicare Anti-Fraud Unit in Columbia, South Carolina, some suppliers reportedly diluted albuterol 0.5 percent with saline to create albuterol 0.083 percent. Then, the suppliers billed the Medicare program for six units of the 0.5 percent strength of this nebulizer solution.

Pharmacists are reminded that when submitting third-party claims, they should only bill for the strength and quantity of the medication dispensed.

Continued from page 1

questions about the use of OTC drugs and vitamins, the filling of prescriptions for oral contraceptives and fertility agents, or as a general comment.

Because there is often a delay in obtaining an appointment for prenatal care, there is a window of opportunity for the pharmacist to suggest adequate nutritional information, including the use of folic acid supplementation where appropriate. An increased intake of folic acid in pregnant women is recommended by the United States Public Health Service to reduce the incidence of neural tube defects. As defined in North Carolina law, the advising and educating of patients on the therapeutic use of drugs is certainly within the practice of pharmacy. (This item was suggested by clinical pharmacist Terry Morris at Rex Hospital. Any pharmacist who feels that other issues should be brought to pharmacists' attention in this *Newsletter* should submit them to the editor at P.O. Box 459, Carrboro, NC 27510).

Item 806 – Confidentiality of Prescription Records

As of the deadline for this *Newsletter* there is litigation in the western part of the state concerning the confidentiality of prescription records. A citizen has alleged that certain pharmacists disclosed medical records to his spouse while they were in a domestic relations dispute. This material was apparently used against the citizen in the divorce. The citizen has brought suit seeking damages against several pharmacies.

Pharmacists should be well aware that prescription records are not public records under North Carolina statute (see G.S. 90-85.36). State law provides that prescription records can only be released to certain individuals listed in G.S. 90-85.36. There is one section which allows some individuals flexibility if the release of records is necessary to protect the health or safety.

Other sections of the statute also apply, and the Controlled Substances Act has a specific paragraph on this subject (90-107). The paragraph states that controlled substance records are "Open for inspection to federal and state officers whose duty it is to enforce the laws of this state or of the United States relating to controlled substances . . ." This would include, of course, Board inspectors, policemen, deputy sheriffs, SBI agents, and similar officers.

We expect this topic will be considered by the Committee to Revise the Practice Act, which has been formed. Any changes will be included in future *Newsletters*.

Item 807 – Compounding Issues

The Board recently received a complaint from a physician, who is also a pharmacist, regarding the refusal of a prescription. Apparently the physician wrote a prescription which required some simple compounding. His patient took it to a pharmacy where it was rejected out of hand, with the statement, "We don't do any compounding at this store."

Pharmacists should understand that they do have the right and the responsibility which goes with the right to compound prescriptions. If the ingredients are not present in the pharmacy, or if compounding is not possible for some other reason, it would be appropriate to send such prescriptions to another location. The Board members believe it is not in the public interest for pharmacists to automatically decline to compound any prescription presented by a patient.

Item 808 – Comment on Final Rule

On page two of this *Newsletter*, there is an item entitled "HCFA Publishes OBRA '90 Final Rule," which deserves some clarification. In column two, paragraph two, there are five numbered sentences with topics that the federal agency believes state agencies should address. The Board office responds to this request in the following numbered sentences.

1. Offers to counsel patients must be made on all new prescriptions. It is the pharmacist's judgment whether or not such offer should occur on refills.
2. Either the pharmacist or auxiliary personnel are authorized to make the offer.
3. Only refusals need to be documented in North Carolina.
4. No documentation of what subjects are covered in counseling is required in this state.
5. The pharmacist has the ultimate counseling responsibility. If either the patient or the patient's representative is not readily available, it is the pharmacist's responsibility to communicate with the patient in an appropriate way. This could include a telephone contact.

The remainder of that article is, of course, important, and the editor felt that clarification of any possible misunderstanding should occur in the same *Newsletter*.

Item 809 – Magic Mouthwash Master Formula

The Board staff continues to get regular inquiries as to the proper formula for Magic Mouthwash from Duke University. Please note that Tetracycline has been deleted from this formula, and is no longer included as part of the compound. An inquiry to their facility reveals that they make substantial quantities of this preparation, and it is "compounded" in 60 gallon batches. The following is an alternative formula for small volume users.

Nystatin Suspension 100,000 u/mL	30 mL
or	
Nystatin Powder	3 million units
Hydrocortisone	60 mg
Diphenhydramine HCL Syrup q.s. a.d.	240 mL

Don Holloway, who has responsibility for this activity at Duke, reports that he adjusts the pH from 6.5 to 7.0 with Sodium Citrate or Citric Acid as this provides the maximum stability for drug effect. He also notes that they provide a six-month dating for products dispensed to patients.

Item 810 – Narcotics Can Now Be Mailed

The United States Postal Service published a final rule in October of 1994, which removed the restriction in postal regulations that forbids the mailing of prescription drugs containing narcotics.

The new rule, which became effective immediately upon publication, fully harmonizes U.S. Postal Service regulations with the Controlled Substances Act. The Postal Service found no reason to retain provisions in its regulations on mailing controlled substances that are stricter than those applicable to shipments via competing carriers.

Whatever the means of carriage, such shipments must comply with the Controlled Substances Act and the regulations implementing the Act that provide a comprehensive system for protecting the public.

For further information, contact Robert Adams of the U.S. Postal Service at 202/258-5168.

Item 811 – Ruling on Wholesalers

Bob Gordon, RPh, of the North Carolina Department of Agriculture has asked that the Board distribute the following Memorandum.

TO: North Carolina Pharmacists
FROM: Robert L. Gordon, RPh
Director, Food and Drug Protection Division
RE: North Carolina Wholesale Distributor
Licensing Act

All pharmacists who sell prescription drugs to licensed practitioners should be aware of federal and state laws governing the licensing of wholesale drug distributors. In response to the federal Prescription Drug Marketing Act (PDMA), the state of North Carolina enacted the Wholesale Drug Distributor Licensing Act, effective January 1, 1992. Under this law, all wholesale distributors of prescription drugs are required to obtain a license for each location from which prescription drugs are distributed.

While the sale or dispensing of prescription drugs **pursuant to a prescription** is exempt from the definition of "wholesale distribution," a pharmacist who sells prescription drugs to a licensed practitioner for use in his practice is a wholesale distributor.

Recognizing, however, that practitioners often purchase small quantities of prescription drugs from local pharmacies, the federal Food and Drug Administration has interpreted the definition of "wholesale distributor" in the PDMA to exclude pharmacies that sell to licensed practitioners so long as such sales do not exceed five percent of the pharmacy's total sales. The North Carolina Department of Agriculture will also recognize this exemption in determining whether a pharmacist needs to be licensed as a wholesale distributor.

If your pharmacy sells prescription drugs to licensed practitioners in excess of five percent of the pharmacy's total sales, you should contact Don Howell, Food and Drug Administrator, at 919/733-7366 for further information about licensing requirements. The annual license fee for wholesale distributors is $350 for each distribution facility. There are severe civil and criminal penalties under both state and federal law for engaging in wholesale distribution without a license.

Please feel free to call or write if you have any questions or need further information.

Item 812 – Hand-Counting Tablets

From time to time, the Board office hears complaints from citizens who observed a pharmacist counting tablets by hand into a container. While the Board has no specific rule on this subject, current practice clearly demands a more sanitary approach.

A recent article in *The Lancet* on the transmission of pathogens from health care workers to patients is in point. The article notes that research on this subject occurred as early as the 1840s, and clearly established that the transmission of disease by health care workers is decreased by regular hand-washing with antiseptic or antibacterial agents. The article concludes with a suggestion that patients may want to ask their health care workers to wash their hands prior to performing any procedure (*The Lancet*, November 12, 1993, page 1311).

Item 813 – Drug Destructions

It is now possible to destroy drugs which are outdated or otherwise unusable at the pharmacy pursuant to Board rules. Board staff would request that such destruction take place, on the average, not more than once a year for any one location. This will minimize the paperwork passing through the Board office and at your location.

Item 814 – Drug Death Reporting

Drug death reporting should be mandatory rather than voluntary, and the information should be compiled by state agencies rather than the federal government, North Carolina Board of Pharmacy Executive Director David R. Work told the House of Representatives' Ways and Means Committee's Subcommittee on Health.

Convened to hear testimony about the reporting of deaths caused by an error in prescribing, dispensing, or administering of a drug by a health care professional, the September 20, 1994 hearing attracted a number of prominent individuals within the profession of pharmacy. Among those testifying with Work were Joseph G. Valentino, associate executive director of the U.S. Pharmacopeial Convention, Inc. (USP), and William M. Ellis, executive director of the Pennsylvania Society of Hospital Pharmacists.

The reporting of legitimate pharmaceutical-related deaths received a great deal of attention when the "Safe Medications Act of 1993," or HR 3632, was introduced in the House of Representatives by Pennsylvania Congressman William J. Coyne. The bill is also co-sponsored by California Congressman Fortney (Pete) Stark, who serves as the chairman of the Subcommittee on Health.

Prompted by a November 1993 series of articles in the *Pittsburgh Post Gazette* regarding deaths resulting from medication errors, HR 3632 would, if enacted, require health care facilities to report medication errors that result in an individual's death to the Secretary of Health and Human Services.

In his testimony before the Subcommittee, David Work took issue with HR 3632's requirement that drug deaths be reported directly to the federal government by pointing out that there would be less resistance if such information were reported to state agencies. He noted that state agencies, like the boards of pharmacy, are generally more trusted than Washington authorities. He also pointed out that state boards have subpoena power and employ an investigative staff well-equipped to gather facts and develop thorough and complete reports.

USP agreed with Work's position. "If a mandatory reporting system is deemed necessary, . . . we believe such a system should preferably mandate reporting to a single agency involved with practice or licensing in each state," USP representatives told the Subcommittee.

In late 1991, USP and the Institute for Safe Medication Practices (ISMP) established a voluntary reporting system called the Medication Errors Reporting (MER) Program. To date, USP has received 1,100 reported cases of medication errors.

During his testimony at the hearing, William Ellis lent the American Society of Hospital Pharmacists' (ASHP) support to USP's and ISMP's efforts in collecting and acting upon voluntary reports of medication errors. "ASHP believes that voluntary reporting systems historically invite the highest level

Continued on page 6

Continued from page 5

of compliance from health care professionals and offer the greatest likelihood of protecting the public," Ellis said.

Subcommittee member and Georgia Congressman John Lewis disagreed with this position, contending that the "present [voluntary system] is not working." He advocated mandating the reporting of deaths resulting from medication errors.

David Work, who agreed with Congressman Lewis, has encouraged states to consider enacting laws that mandate drug death reporting. "Given a choice, most health professionals would decline to participate in a voluntary program," Work stated in a letter addressed to Congressman Coyne. "It is for this reason that I believe a mandatory system has the best chance of being effective."

According to Work, North Carolina's mandatory reporting law has been successful, and the number of reported drug deaths has increased over the past few years. Ten deaths were reported during the first year after the mandatory reporting program went into effect; 13 deaths were reported during the second year; and as of September 1994, the date of the hearing, 15 deaths had been reported during the 1994 calendar year.

The reports received by the North Carolina Board have uncovered some unexpected information about drug deaths. The statistics indicate that a number of deaths occur as a result of over-the-counter (OTC) drugs as well as prescription medications. In 1993, three deaths resulting from the ingestion of Tylenol and alcohol occurred in one weekend. Work noted that Tylenol, once a prescription drug, was moved to OTC status. He warned that many more such changes are planned for various prescription drugs in the future. Therefore, he told the Subcommittee, any drug death reporting system should also include OTC drugs.

Work explained that it has helped reassure the medical community to know that of the nearly 40 reports that have been investigated by the North Carolina Board, only one has been brought to a Board hearing for negligence. He emphasized that the Board has not treated these reports as "an admission of culpability, but only as an event."

"North Carolina's rule requiring the reporting of deaths due to drugs dispensed through pharmacies has been very effective over the past few years," Work told the Subcommittee. "The number of reports has nearly doubled since the program began."

Work also encourages other states "to develop similar regulations, so that this information can be used to guide and improve pharmacy practice in order to better protect the public health and safety."

Item 815 – Board Member Election

An election will be held in the spring of 1995 for a pharmacist member of the Board to serve a term beginning in the spring of 1996. The position up for election is for the southeastern part of the state, and includes the following counties as well as those south and east of them: Scotland, Hoke, Harnett, Johnston, Wayne, Greene, Pitt, and Beaufort counties.

It is possible to be nominated for the office in one of two ways. A pharmacist who is a resident of any of the counties specified above can get his or her name on the ballot with a petition signed by ten pharmacists from the region. Petitions must be submitted to the Board office, and must be postmarked before March 10, 1995. The Board may also appoint a Committee on Nominations, if necessary.

Potential candidates for this position should understand that it is a substantial responsibility, and requires at least 40 days each year away from practice or other regular activities in order to participate in Board business.

If you need further information about the nomination or election process, please contact Mr. Work at the Board office 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.

David R. Work, JD, RPh - State News Editor
Carmen A. Catizone, MS, RPh - National News Editor & Executive Editor
Janice Teplitz - Editorial Manager
This Newsletter is printed at a cost of $.10 per copy.

National Association of Boards of Pharmacy Foundation, Inc.
700 Busse Highway
Park Ridge, Illinois 60068

NORTH CAROLINA BOARD OF PHARMACY

Nonprofit Organization
U.S. Postage
PAID
Park Ridge, Illinois
Permit No. 75