

July 2003



# North Carolina Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

## **Item 1193 – Board Moves**

By the time you receive this *Newsletter*, the North Carolina Board of Pharmacy office will have moved from Carrboro to its new location in Chapel Hill. The new address is:

6015 Farrington Road, Suite 201  
Chapel Hill, NC 27517  
Mail: PO Box 4560  
Chapel Hill, NC 27514

The Board's telephone (919/942-4454) and fax (919/967-5757) numbers remain the same. The Board's Web site and all e-mail addresses also are unchanged.

We invite you to stop by the Board office at its much more convenient location at I-40 and Highway 54 (Raleigh Rd) the next time you are in Chapel Hill.

## **Item 1194 – Disciplinary Actions**

### **March-April 2003**

(The numbers listed include pharmacist and pharmacy)

**Prehearing Conference:** Letter of Reprimand: 3; Letter of Concern: 1  
Suspension with Stay Order: 2; Caution: 1; Letter of Warning: 4

**Full Hearing:** Revocation of Pharmacist License: 1; Suspension of Pharmacist License with Stay Order containing specific conditions including active 10-day suspension: 1; Suspension of Permit to Operate Pharmacist with Stay Order with specific conditions: 2

The actions listed above were taken regarding:

Label Error: 2

Dispensing without Authorization from a Prescribing Physician: 3

Numerous Violations of Pharmacy Law: 2

Dispensing Error: 8

## **Item 1195 – Pharmacist-Manager Responsible for Tech Registration**

The members of the Board directed that pharmacist-managers be reminded of their responsibilities under the current Practice Act to be sure that all the technicians at their facility have up-to-date registrations. See G.S. 90-85.125(A)(b).

Please check the individuals who are assisting in the dispensing of prescriptions under you or other pharmacists at your location. These individuals need to have a registration as a pharmacy technician and have registration on display at your pharmacy. If you find individuals who are assisting in the dispensing process and are not registered, please contact the Board office without delay to obtain registration materials.

## **Item 1196 – Volunteers Needed**

After Hurricane Floyd in the fall of 1999, a number of pharmacists volunteered to assist in disaster situations. (See Item 1144 in the January 2002 *Newsletter*) There is a different climate today with con-

cerns about potential terrorist activity and Board staff is again soliciting the names of pharmacists who might be available to assist in case of a planned or natural disaster.

If you are willing to help in a situation such as damage from a hurricane or from a terrorist attack, please forward by e-mail to [volunteer@ncbop.org](mailto:volunteer@ncbop.org) the following information: your name, preferred mailing address, telephone number, and e-mail address.

Individuals will be contacted if their services are needed.

## **Item 1197 – New Reinstatement Policy**

### **March 2003**

The reinstatement policy for pharmacists whose licenses are inactive or have lapsed changed in the fall of 2002. The members of the Board have set a general policy that is listed below; however, each case is considered individually. The Board desires that everyone be aware of this procedure, which is now in place.

- ◆ Out of practice up to two years – obtain 10 hours of continuing education (CE) for each year out of practice (half of which must be contact hours), and pass a jurisprudence examination.
- ◆ Out of practice up to five years – obtain 500 hours of internship, obtain 10 hours of CE for each year out of practice (half of which must be contact hours), and pass the Multistate Pharmacy Jurisprudence Examination® (MPJE®).
- ◆ Out of practice more than five years – obtain 1,500 hours experience and pass the North American Pharmacist Licensure Examination™, the MPJE, and the North Carolina Practical Examination.

If any criminal charges are outstanding or may be filed, such issues must be resolved prior to reinstatement by the Board.

## **Item 1198 – Countersign Permits**

Inspectors have reported several occasions when they have discovered that pharmacy permit renewals have not been countersigned by the pharmacist-manager. It is essential that pharmacist-managers sign each permit renewal upon receipt in order for the permit to be valid. Please check your records for compliance.

## **Item 1199 – Depakote and Depakote ER**

Several cases of errors have occurred in the dispensing of Depakote®, which is available in 500 mg strength for both immediate release and extended release (ER). Where any potential misunderstanding exists, pharmacists should confirm the drug desired by prescribers.

It should be noted that Depakote is ordinarily for bid or tid dosing, whereas Depakote ER is for daily dosing.

Depakote is approved for migraine prophylaxis, the treatment of mania, and epilepsy. Depakote ER has only been approved for migraine prophylaxis. A drug mix-up can easily occur; an overdose could be a serious problem.

### Item 2000 – Clozaril Procedure

More than one incident has been reported to the Board involving the dispensing of Clozaril® where lab values have not been obtained. Every patient on Clozaril needs to have regular testing for white cell count to avoid serious blood problems. Pharmacists who receive such prescriptions need to be aware of this requirement.

### Item 2001 – Institute for Safe Medication Practices

We are all concerned about patient safety. To reduce the risk of errors, effective reporting mechanisms are essential to learn about the breakdowns leading to medication errors. The Institute for Safe Medication Practices' Web site, [www.ismp.org](http://www.ismp.org), provides important alerts regarding the prevention of medication errors. From look-alike and sound-alike drugs, to cautions on different strengths (Infants' Tylenol® Concentrated Drops (acetaminophen 100 mg/ml) versus children's acetaminophen elixir (at 160 mg/5 ml)), to the recurring confusion between tincture of opium and paregoric, to the possible hazard of asphyxiation of syringe caps when syringes are used to measure and administer medications for children, to updates in bar coding, this is a very useful Web site.

### Item 2002 – Check Credentials

Several instances have occurred within the last few months of individuals passing themselves off as a pharmacist when they did not, in fact, have a license. This is a reminder for all employers to verify licensure for any new pharmacists or pharmacy technician employees. This can be done by contacting the Board office at 919/942-4454 or submitting a message through the Board's Web site, [www.ncbop.org](http://www.ncbop.org).

### Item 2003 – DSM Exams

It is still possible to be certified in certain Disease State Management subjects. Examinations are offered for anticoagulation, asthma, diabetes, and dyslipidemia. You can register online through [www.nispcnet.org](http://www.nispcnet.org).

### Item 2004 – HIPAA Q&A

Common questions have arisen regarding the application of the Health Insurance Portability and Accountability Act (HIPAA), a federal law.

**Question:** What limitations are there in providing information about prescriptions when the person picking up the medicine is the spouse, friend, or neighbor?

**Answer:** Under HIPAA, pharmacists may use professional judgment and experience with common practice to make reasonable inferences in the patient's best interest in allowing a person other than the patient to pick up a prescription. The fact that a relative or friend arrives at a pharmacy and asks to pick up specific prescriptions for an individual effectively verifies that he or she is involved in the

patient's care and HIPAA allows the pharmacist to give the filled prescription to the relative or friend. We believe that HIPAA allows the pharmacist to use his or her judgment to provide relevant and necessary information about the prescription to the relative or friend.

**Question:** Can one pharmacist call another pharmacist to discuss possible forged prescriptions and discuss protected health information?

**Answer:** Forged prescriptions do not fall within the definition of protected health information. There is no problem with one pharmacist calling another to discuss the forged prescription. Please note, however, that if the disclosing pharmacist is mistaken and the prescription is legitimate, the disclosing pharmacist could be liable under HIPAA for an unauthorized disclosure.

**Question:** Can one pharmacist call another pharmacist to clarify when a patient received a medicine if the payor denies payment and has a note that a prescription was already filled in another store?

**Answer:** Yes, as long as such discussion is related to payment.

**Question:** Does the patient have the right to see notes entered in the pharmacy computer under the patient's file?

**Answer:** The notes are part of the designated record set that includes such records. Individuals have the right to access the information contained about them in the designated record set.

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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