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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

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Item 2189 – Board Election Results

Congratulations to Gene Minton of Littleton, NC and Lazelle Marks of Rockingham, NC. The North Carolina Board of Pharmacy certified their election to the Northeastern and Central District Board seats, respectively, at its July 21, 2009 meeting. Once officially appointed by Governor Bev Perdue, Messrs Minton and Marks will take office effective May 1, 2010. In the meantime, they will begin training requirements for occupational licensing Board members and learning Board operations and procedures. Please join the Board in congratulating Messrs Minton and Marks and wishing them every success in their critical mission to protect the public health and safety of North Carolina's citizens.

The Board expresses its heartfelt appreciation to the other candidates for Board membership. From the Northeastern District – Tony Mitchum, Brenden O'Hara, and Mac Patel. From the Central District – Bob Beddingfield, Michael Gabriel, Max Reece, and Scott Romesburg. The number of candidates for Board office this year shows the commitment of North Carolina's pharmacists to the protection of the public health and safety. The Board of Pharmacy certified the elections for the Northeastern and Central Districts at its July meeting.

The next Board election will take place in spring 2010. One position on the Board will be filled: the Southeastern District seat presently held by Board President Joey McLaughlin. Mr McLaughlin is serving his first five-year term and thus is eligible to run for reelection.

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.

Item 2190 – DME Subcommittee Election Results

The Board of Pharmacy congratulates William Griffin, who was certified as the winner of the runoff election for medical equipment representative for the Device and Medical Equipment (DME) Subcommittee.

The Board also thanks John Kight, Mike Noonan, and Vanessa Coble for their participation in the process as candidates, and all DME permit holders who voted in the election.

Item 2191 – Administration of H1N1 Influenza Vaccine

A number of pharmacist vaccinators have inquired about administering the H1N1 influenza vaccine under Rule .2507. That rule permits pharmacists to administer influenza vaccine so long as the rule's training and oversight requirements are met. H1N1 is a strain of influenza and fits comfortably within the letter of the rule.

Board staff continue to work with officials at the North Carolina Department of Public Health concerning H1N1 issues. Staff encourages pharmacists to monitor the Board's Web site, at *www.ncbop.org*, for updates.

Item 2192 – Clinical Pharmacist Practitioner Prescriptions for Controlled Substances

Board staff occasionally are asked about the legitimacy of prescriptions for controlled substances written by a clinical pharmacist practitioner (CPP). There are typically two questions asked:

1. May a clinical pharmacist practitioner write for controlled substances?

   Yes, so long as such orders are included within the scope of the CPP's practice agreement with the

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Pharmacy Security and Safety Prove Necessary Component in Pharmacists' Training

Pharmacy robbery – no one ever thinks it will happen to them, but those who have experienced it know it **can** happen to anyone. To address the importance of recognizing actions to follow if faced with a robbery, several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites. In addition, to keep current licensees aware and up to speed on safety measures, procedures can be directly taught and reiterated in the pharmacy. Likewise, at least one college of pharmacy has begun incorporating pharmacy safety training in its curriculum and recently saw the extreme benefits of doing so.

On Wednesday, July 8, 2009, Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, quickly learned how imperative pharmacy safety training really was when he experienced a pharmacy robbery first hand. Just as Bryan and his fellow employees were preparing to close the store, two gunmen entered the North Carolina pharmacy and approached the counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly $10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university's college of pharmacy alumni e-Newsletter. In the article Bryan states, "I crouched down hoping they hadn't seen me so I could get to a safe place in an office behind the pharmacy to call the police. They saw me as I was crawling and made me come to the front of the pharmacy. My mind was running through a class Dr Cisneros taught dealing with a robbery," he explains. "I knew what type of questions the police would be asking from our lecture, and I was asking myself those very questions while the robbery was happening. It was a very intense and scary moment . . . but I am thankful for the class I had and that nobody was hurt during the whole ordeal."

In December 2008, a safety DVD, *Pharmacy Security – Robbery*, accompanied the shipments of the National Association of Boards of Pharmacy® *2009 Survey of Pharmacy Law* that were sent to the schools and colleges of pharmacy. The DVD was an educational offering from Purdue Pharma L.P. provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

It was this DVD that Robert Cisneros, PhD, assistant professor at the university, implemented in his pharmacy management course – the very same course that helped Bryan stay calm during the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course.

"One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robber's appearance – clothes, height, weight – and not just focusing on the gun," states Cisneros. He was glad to have received the DVD, explaining that, "it was just the right length, added a lot to the class, and led to great discussions." Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The safety DVD mentioned above may be viewed on the RxPatrol® Web site at *www.rxpatrol.org*. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze, and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at *www.partnersagainstpain.com* under Pain Education Center.

Concerns with Patients' Use of More than One Pharmacy

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

Perhaps it is not readily apparent, but medication safety could be compromised if patients practice polypharmacy to take advantage of widely publicized programs offering discounted or free medications. With tough economic times, patients may choose to fill or refill their prescriptions at multiple pharmacy

locations to save money, since taking advantage of such offers may cost less than filling their prescription at their usual pharmacy and paying the insurance co-pay.

Normally, when a customer presents a prescription, the pharmacy sends information about the drug and the patient to third-party payers and/or the patient's pharmacy benefit managers (PBM) for reimbursement.

If patients are paying out of pocket for the prescription, the pharmacy can notify the PBM so the medication can be tracked, but notification is not required. In these circumstances, the PBM and insurer may not be made aware that the prescription has been dispensed and no adjudication or drug utilization clinical screening of the prescription will be performed. Normally, medications are screened by the PBM's computer system, which includes all prescription medications regardless of where they were dispensed, and dispensing pharmacists are alerted to drug duplications, drug interactions, and some other unsafe conditions. This checking process will not occur if the prescription is not sent to the PBM. This also has an impact on hospitals that use outside vendors that obtain PBM data through Surescripts in order to populate patient medication profiles upon admissions to the emergency department or hospital. This could decrease the accuracy of drug lists collected for medication reconciliation since these vendors access their information from PBMs and insurers.

For these reasons, patients need to be educated about the importance of sharing insurance information wherever they have their prescriptions filled, even when the insurance is not being billed. Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient. This is especially necessary if the patient is only filling a prescription for a drug on the $4 list from your pharmacy, but you suspect they may be taking other medications and obtaining them elsewhere. It is also important to expand our efforts to encourage patients to keep a complete list of medications, herbals, nutritional supplements, vitamins, and prescription drugs and to show this list to every provider of care they visit. Community pharmacies can also update patient medication profiles in their computer systems to include prescription and over-the-counter medications obtained at other pharmacies, including mail-order, and promoting and providing a written copy of this list to the patient upon request.

CDC Announces Get Smart Week to Help Decrease Antibiotic Resistance

Centers for Disease Control and Prevention (CDC) is holding Get Smart Week October 5-11 to emphasize CDC's public health effort to decrease antibiotic resistance, including how pharmacists can become involved. Because antibiotic resistance is one of the world's most pressing public health problems, CDC launched the Get Smart Web site to teach about the potential danger of antibiotic resistance and what can be done to prevent it.

The Web site contains patient education materials, updated guidelines for health care providers, campaign materials, and additional resources, including information in Spanish, to help increase the public health awareness of antibiotic resistance and the importance of obtaining influenza vaccines in time for the upcoming flu season. As most states now allow pharmacists to immunize, they can help contribute to public health awareness on who should get flu shots and appropriate antibiotic use in the community. The Get Smart Web site can be accessed at *www.cdc.gov/getsmart/*.

FDA Approves Vaccine for 2009-2010 Seasonal Influenza and H1N1

Food and Drug Administration (FDA) has approved a vaccine for 2009-2010 seasonal influenza in the United States. FDA has also approved four vaccines against the 2009 H1N1 influenza virus. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus. More information is available at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements*.

ISMP: Do Not Store Insulin Vials in Open Cartons – Risk of Mix-up High

ISMP warns that storing insulin vials inside their cardboard cartons after the packages have been opened can lead to mix-ups, and potential medical emergencies, if vials are accidentally returned to the wrong carton after being used. The next patient care worker looking for a particular insulin product could read the label on the carton, assume that it accurately reflects what is inside, and end up administering the wrong product. To avoid such a mishap, ISMP recommends that the cartons be discarded, either in the pharmacy before the insulin is dispensed, or when it is received at the nursing station.

FDA Takes Actions on Pain Medications Containing Propoxyphene

FDA announced in July that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite "serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time." Additional information can be found at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm*.

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supervising physician. A CPP, like any other practitioner, must have a valid Drug Enforcement Administration (DEA) number to prescribe controlled substances.

2. May a clinical pharmacist practitioner use a hospital's DEA number to write for controlled substances?

   Yes, so long as the use of the hospital's DEA number satisfies DEA Rule 1301.22. That rule says that an "individual practitioner who is an **agent or employee of a hospital** . . . may, when acting in the normal course of business or employment . . . prescribe controlled substances under the registration of the hospital" under certain circumstances. Those circumstances include the prescribing being "done in the usual course of his/her professional practice," the prescriber "acting only within the scope of his or her employment in the hospital," and the hospital designating "a specific internal code number for each individual practitioner so authorized." The rule specifies that the internal code number "shall consist of numbers, letters, or a combination thereof and shall be a suffix to the institution's DEA registration number, preceded by a hyphen (eg, APO123456-10 or APO123456-A12)."

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