

April 2012

News



North Carolina Board of Pharmacy

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Item 2234 – Further Updates Regarding S.L. 2011-349, Photo Identification Prior to Dispensing Certain Controlled Substances

As reported in the October 2011 and January 2012 *North Carolina Board of Pharmacy Newsletters*, the North Carolina General Assembly passed, and Governor Beverly Perdue signed into law S.L. 2011-349, which requires presentation of a photo identification prior to the dispensing of certain controlled substances. The statute became effective March 1, 2012.

Board staff continues to receive numerous questions about the statute. These questions have been pertinent and demonstrate how pharmacies are, in many respects, struggling to implement the statute for particular patient populations. Board staff continues to update the frequently asked questions (FAQs) document (which is found at the Board Web site, www.ncbop.org) and encourages pharmacists to check it regularly for updates. All updates to the FAQs are clearly marked as such so that pharmacists can readily identify new material in the document.

Board staff appreciates pharmacists who have taken time to raise questions about the statute. Your questions help ensure that the guidance document is meeting the needs of practitioners.

Item 2235 – Effective May 1, 2012, Board of Pharmacy Will No Longer Accept Checks

Effective May 1, 2012, the Board will no longer accept payment by check. The Board accepts payment via Visa, MasterCard, and Discover credit cards.

Item 2236 – Any License, Permit, or Registration Not Renewed or Reinstated for 2012 is Now Inactive

Under North Carolina law, any license, permit, or registration issued by the Board of Pharmacy expires on December 31, of the year of issuance. North Carolina builds in a so-called "grace period" allowing for renewal up to 60 days after December 31. The renewal period closed on March 1, 2012.

As of the date of this publication – April 1, 2012 – any license, permit, or registration not renewed or reinstated is now inactive. Any practitioner, pharmacy, or durable medical

equipment facility holding an inactive license, permit, or registration must cease activities unless and until such practitioner or facility files an application for, and is granted, a new license, permit, or registration. Continuing to practice without a valid license, permit, or registration will result in disciplinary action.

Item 2237 – Changes to Continuing Education Approval Began March 1, 2012

Beginning March 1, 2012, the Board of Pharmacy ceased approving requests for continuing education (CE) courses that are not accredited by Accreditation Council for Pharmacy Education (ACPE) or the North Carolina Association of Pharmacists (NCAP). The reasons for the policy are two-fold: (1) the volume of such requests has increased substantially in the past two years, hindering Board staff's ability to focus on the Board's core functions; and (2) relatedly, Board staff was concerned about its ability to assess these requests for substantive acceptability as CE courses.

CE programs approved by Board staff on or before February 29, 2012, will remain available on the Board CE page and may be used for 2013 license renewal.

Going forward, the Board will continue to provide credit for certain categories of non-ACPE and non-NCAP CE (eg, Board meeting attendance, CPR training, precepting, residency, Spanish or other foreign language class, continuing medical education, continuing nursing education, continuing dental education). Those categories should be well known to North Carolina pharmacists and can be reviewed in the FAQs section of the Board Web site: www.ncbop.org/faqs/Pharmacist/faq_ContEducation.htm.

Any pharmacist or organization in need of approval of a CE program may contact NCAP, which stands willing and able to provide accreditation services. Information about NCAP accreditation services may be found at www.ncpharmacists.org/displaycommon.cfm?an=1&subarticlenbr=106.

Item 2238 – Congratulations to Pharmacists Continuously Licensed by the North Carolina Board for 60 Years

Board members and staff extend their heartiest congratulations to the following pharmacists who have been continuously

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licensed in North Carolina for over 60 years. They are a select group, and the Board warmly thanks them for their service to North Carolina pharmacy:

- John A. McNeill**, Whiteville, NC..... June 19, 1940
Hamilton P. Underwood, Fayetteville, NC..... June 18, 1941
Clarence L. Shields, Jacksonville, NC.....July 30, 1943
Merwin S. Canaday, Four Oaks, NC..... June 29, 1944
Hubert G. Dameron, Tabor City, NC January 17, 1945
Charles H. Beddingfield, Clayton, NC..... January 17, 1945
Gerald D. Hege, Whiteville, NC January 17, 1945
Joe E. Hamlet, Rocky Mount, NC March 27, 1946
Ellerbe W. Griffin, Kings Mountain, NC June 18, 1948
Maryellen M. Holt, Burlington, NCFebruary 23, 1949
Leon I. Graham, Wallace, NC February 23, 1949
Willie C. Rose, Wilson, NC..... June 30, 1949
Clifford E. Hemingway, Charlotte, NC..... June 30, 1949
Windfield S. Gardner, Burlington, NCFebruary 24, 1950
John M. Rancke, Lumberton, NC..... July 6, 1950
Ernest J. Rabil, Clemmons, NC..... July 6, 1950
Charles F. Jones, Oxford, NC July 6, 1950
Hunter O. Gammon, Reidsville, NC December 11, 1950
William H. Wilson, Raleigh, NC June 28, 1951
Ray T. Hudson, Gastonia, NC June 28, 1951
Olin H. Welsh, Lumberton, NC October 29, 1951
William N. Robertson, Laurinburg, NC..... March 6, 1952
Alec W. Clelland, Fayetteville, NC July 2, 1952
Keith N. Fulbright, Greensboro, NC July 2, 1952
Joseph C. Harris, Chapel Hill, NC July 2, 1952
John W. Gresham, Wilson, NC July 2, 1952
Loy R. Burris, Valdese, NC July 2, 1952
Warren E. Crispens, Charlottesville, VA...November 5, 1952

Item 2239 – Carolinas Center for Medical Excellence Seeking Pharmacist Participation in a Project to Improve Medication Outcomes in the Medicare Population

The Carolinas Center for Medical Excellence (CCME) is currently recruiting pharmacist-led, community teams that function as the patient’s primary care provider and who would like to improve their percentage of patients with A1c < 9%, increase the percentage of patients in therapeutic range taking long-term anticoagulation therapy, or decrease the number of patients taking an antipsychotic medication that is not being used for a Food and Drug Administration (FDA)-approved indication.

CCME and the Health Resources and Services Administration’s Office of Pharmacy Affairs are currently working together on a project to decrease adverse drug events and improve outcomes in the Medicare population. This project is the Patient Safety and Clinical Pharmacy Services Collaborative (PSPC). CCME would like to invite community-based teams of health care providers and partners to join PSPC in the work to improve patient safety and quality of life. PSPC, now in its

fourth year (PSPC 4.0), is a continually growing action learning program involving several hundred communities across the country working together to deliver safe care that improves health outcomes for high-risk patient groups.

The collaborative achieves its goals using change processes and improvement methods that are proven to be effective. This collaborative uses a combination of face-to-face and virtual meetings, testing periods, national expert faculty, adult learning methods, leadership and change management, Web training, and coaching calls over a 12-month period to help community-based teams adapt, test, and implement successful practices. To learn more about PSPC, visit www.healthcarecommunities.org or contact Jeana Partington BSN, RN, CPHQ, at 919/461-5660 or jpartington@ncqio.sdps.org.

Item 2240 – Drug Shortages and Grey-Market Wholesaling

North Carolina pharmacists are aware of the many nationwide drug shortages – often for critical care medications. A summary of shortages, their causes, and timelines for resolution is maintained by FDA at www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm.

As is the case whenever any critical good is in short supply, unscrupulous actors seize opportunities to take advantage. Board staff has received several reports of pharmacies allegedly using their permits to acquire “shortage” drugs for the purpose of transferring such drugs to grey-market wholesalers, who in turn seek to sell these shortage drugs at exorbitant prices. Board staff recently obtained the surrender of a pharmacy permit and a pharmacist license in a case in which a “pharmacy” was acquiring only “shortage” drugs and transferring them to a grey-market wholesaler. The pharmacy conducted no patient dispensing at all.

Other cases are presently under investigation. Board investigative staff is cooperating closely with officials at the North Carolina Department of Agriculture charged with enforcing laws governing prescription drug wholesalers, as well as federal authorities.

Putting aside the moral and ethical issues associated with profiteering on short-supply critical access drugs (which are, of course, significant), pharmacies engaged in such activities run afoul of numerous provisions of the Pharmacy Practice Act, the North Carolina Food, Drug, and Cosmetic Act, and other statutes, both civil and criminal.