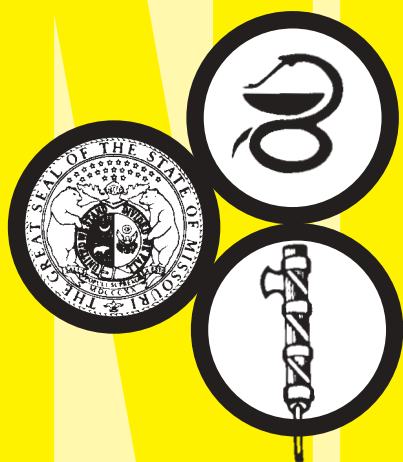


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Pharmacist Volunteer Opportunities With the Strategic National Stockpile

Submitted by Jeff Overlease, RPh, member, Missouri Advisory Council for the Strategic National Stockpile, Missouri Department of Health and Senior Services

Since September 11, 2001, our country has been forever changed. The threat of terrorism on United States soil, once thought impossible, is now real. Many initiatives have been undertaken on the local, state, and federal levels to mitigate the impact of terrorist events. In 1999, the Department of Health and Human Services introduced the Bioterrorism Initiative, in which the Centers for Disease Control and Prevention was designated to work with government and nongovernment entities to upgrade the nation's public health capacity to respond to both chemical and biological attacks. As a result of this initiative, the Strategic National Stockpile (SNS), formerly the National Pharmaceutical Stockpile, was created. The primary purpose of the SNS is to provide pharmaceuticals, vaccines, and medical supplies in the event of an overwhelming public health situation, such as that caused by an act of terrorism involving chemical or biological agents. The SNS is a federal asset that may be deployed to states at the request of the governor. The release of the SNS is based on the nature and extent of the event. The contents of the SNS have been developed based on threat assessment information and the epidemiology of expected threats. The SNS is to be used in conjunction with both local and state resources and comprises two types of inventories: the 12-hour Push Package and the Vendor Managed Inventory (VMI). The 12-hour Push Package is so named due to the ability of deployment to any location in the US within 12 hours of a request. The Push Package provides an array of treatments and medical supplies needed to treat victims of both chemical and biological agents. The VMI represents the majority of federal assets in the SNS. The release of the VMI is customized based on the agent(s) identified in an event. Most items in the push packages and VMI are either contained in unit-dose packaging or have been repackaged and labeled in containers suitable to be dispensed to the public. The Missouri Bioterrorism Plan relies heavily on volunteers to support the SNS distribution. Pharmacists need to be an integral part of the plan. The successful deployment of the SNS will rely on having a sufficient number of pharmacists and other health professionals to screen, counsel, compound when necessary, and dispense medications to the public. Depending upon the nature and scope of the event, hundreds of volunteers may be needed to treat victims. Every citizen has been encouraged to provide volunteer service for the country. Pharmacists are uniquely qualified to provide services in the event of a public health crisis. Consider the following opportunities to get involved:

- ◆ Inquire about volunteer opportunities for pharmacists at your local health department. Nearly every county in Missouri has a planner that is responsible for planning a local response to terrorism events.
- ◆ In St Louis, consider volunteering on the St Louis Disaster Medical Assistance Team (DMAT) at www.mo1dmat.org/.
- ◆ In Kansas City, contact the Mid-America Regional Council at 816/474-4240 to volunteer with the regional Medical Reserve Corps unit. This is a great opportunity for those individuals not currently in practice.
- ◆ If you are interested in volunteering for the National Pharmacist Response Team, you can find the application at www.oep-dms.dhhs.gov/NDMS/Downloads/downloads.html or contact the Region VII coordinator at 417/837-1757.

Find more information on SNS and preparedness efforts at the following Web sites:

- ◆ www.bt.cdc.gov/stockpile
- ◆ <http://mmrs.hhs.gov>
- ◆ www.sema.state.mo.us/semepage.htm
- ◆ www.aphanet.org
- ◆ <http://ashp.com>

Sarafem versus Prozac

Fluoxetine is marketed by Eli Lilly & Co under two different trade-marked names. The question of the legality of substituting Sarafem for Prozac has come before the Missouri Board of Pharmacy. The following information was received from Food and Drug Administration (FDA) based on questions provided to them by the Board. Sarafem is not rated against Prozac concerning the substitution of one product for the other because Prozac's product labeling does not contain the premenstrual dysphoric disorder (PMDD) indication. For two pharmaceutical equivalent products to be rated they must have at least one common indication. Drug products in the Orange Book are only given a rating if they meet the criteria for a therapeutic equivalence determination. Sarafem is considered a single source drug product and, therefore, is not rated due to its labeling, which contains an indication not included in the Prozac labeling. FDA does not consider Prozac and Sarafem the same drug for substitution purposes due to the labeling differences between the two drug products. Therefore, when a prescription is written for Sarafem **no** substitution of this product can take place. Sarafem does not appear on the state negative formulary located on the Board's Web site due to the fact that FDA has not assigned any equivalence rating to the drug.

Return and Reuse of Drugs From Jails/Prisons

The Board office has received questions about whether or not it is legal to return and reuse drugs that comply with all package and label requirements from county jails or state prisons. Currently, ad-

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ministrative Rule 4CSR 220-3.040 describes what facilities qualify for the return and reuse of prescription drugs by a pharmacy. It includes long-term care facilities, hospitals, and hospice facilities. Jails and prisons are not licensed or certified by the state as any of the facilities described in the rule; therefore, no drugs can be returned and reused from these locations.

Counterfeit Drugs

A growing menace within the international prescription drug markets is the introduction of counterfeit drugs. Drugs become counterfeit whenever they are mislabeled, diluted, or otherwise adulterated and then are sold as the original manufactured product. In some cases, a drug at a lower strength may be relabeled to portray a higher strength in order to sell the product at a greater profit. Pharmacists and pharmacies should examine packages carefully for subtle differences in labeling that may be a clue that tampering has occurred. In addition, the contents should always be examined to ensure that the integrity of the product has not been compromised. Board inspectors have been involved in tracing drugs at both the wholesale and retail levels concerning counterfeits. Food and Drug Administration estimates that as much as ten (10) percent of the American market is counterfeit.

In addition to personal observations, pharmacists need to be alert to drug distributors or brokers who offer drugs at significantly lower prices than what is normally available on the market. Such offerings may signal that the product cannot be traced to legitimate sources and could be counterfeit. In addition, as previously reported in this *Newsletter*, pharmacists and pharmacies have a legal responsibility not to purchase or otherwise receive legend drugs from unlicensed drug distributors.

Licensing Actions

Pharmacists

John R. Blake, #28041, Shady Cove, OR – December 30, 2002. Suspension for three years effective December 30, 2002, followed by probation for five years. Disciplinary action in another state concerning dispensing errors, lack of patient counseling, and practicing while under the influence of a controlled substance. Section 338.055.2(1), (5), (8), and (15), RSMo 2000.

Dana F. Casper, #44804, Waynesville, OH – December 23, 2002. Probation for three years until December 22, 2005. November 1999, arrested for DWI, March 2001 arrested for DWI and was amended to Driving with Excessive Blood Alcohol Content. Section 338.055.2(1), RSMo 2000.

John M. Finney, Jr., #28302, Cape Girardeau, MO – January 30, 2003. Probation for five years effective when renews license to current

status. Use of alcohol to the extent that impaired his ability to function as a pharmacist, gross negligence, and violation of professional trust or confidence. Section 338.055.2(1), (5), and (13), RSMo 2000.

Michael D. Frede, #43695 (inactive), St. Louis, MO – January 17, 2003. Probation for five years, February 17, 2008. Falsified controlled substance prescriptions. Section 338.055.2(5), (6), (13), and (15), RSMo 2000.

Steven M. Hancock, #45018, Springfield, MO – January 12, 2003. Revoked, cannot reapply for licensure for seven (7) years. Dispensing errors, misappropriation of drugs, possession of controlled substances without a valid prescription, dispensing drugs that were incorrectly labeled. Section 338.055.2(5), (13), and (15), RSMo 2000.

Catherine Seiler, #40008, Springfield, MO – February 8, 2003. Suspension for six months effective February 8, 2003, immediately followed by probation for five years. Controlled substance audit shortages at pharmacy where served as pharmacist-in-charge and misappropriated controlled substances for personal use without a valid prescription. Section 338.055.2(1), (5), (6), (13), (15), and (17), RSMo Supp. 2001.

Pharmacies

EZ Petshop.com, Inc., aka **Pet Care Rx, Inc.**, #2003003156, Lynbrook, NY – February 10, 2003. Restricted license issued on Probation for two years, until February 9, 2005. Providing pharmacy services into the state of Missouri prior to securing a license. Section 338.055.1 and .2(6) and (7), RSMo Supp. 2001.

Drug Distributors

EMED Medical Products, #901517, St. Louis, MO – January 17, 2003. Probation for two years, until January 16, 2005. Owner purchased prescription drugs for personal use without a valid prescription. Section 338.055.2(5), (6), (10), (13), and (15), RSMo Supp. 2001.

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