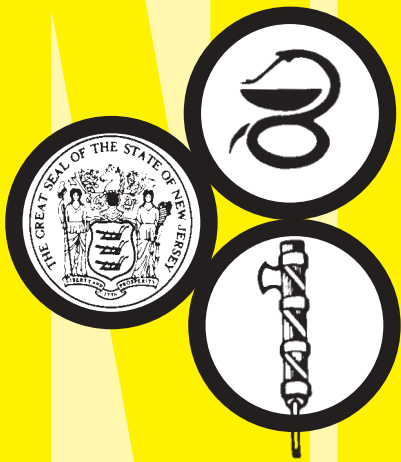


January 2003



# New Jersey Board of Pharmacy

PO Box 45013  
124 Halsey St, 6th Floor  
Newark, NJ 07101  
[www.state.nj.us/lps/ca/boards.htm](http://www.state.nj.us/lps/ca/boards.htm)

Published to promote voluntary compliance of pharmacy and drug law.

## **Emergency E-mail Notification Program**

The New Jersey Board of Pharmacy wants the ability to contact all pharmacies and pharmacists rapidly in the event of an emergency. To facilitate this process we need all licensees to provide their e-mail address. Please take a minute and log on to the Board of Pharmacy Web site at [www.state.nj.us/lps/ca/medical.htm#pharm11](http://www.state.nj.us/lps/ca/medical.htm#pharm11) and provide us your e-mail information by clicking on "License Group Address Book." Your information will not be shared with or disclosed to any other party.

## **HIPAA and You – Part III**

Every pharmacy is required to be "HIPAA compliant" by the implementation deadlines, which are fast approaching. The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations take effect April 14, 2003. There are many resources available to assist you in developing your HIPAA compliance plans.

Garden State Pharmacy Owners (GSPO) will be offering a live continuing education (CE) program in mid-February. For more information, contact GSPO at 201/712-1499.

The National Community Pharmacists Association is offering a companion handbook for X12 DME transactions. For more information go to [www.ncpanet.org](http://www.ncpanet.org).

The New Jersey Pharmacists Association (NJPhA) offers a discount of \$55 per copy off the *HIPAA Compliance Manual* produced by National Association of Chain Drug Stores. A special order form is required. NJPhA and Drug Guild will offer a comprehensive, live six-hour CE seminar on January 12, 2003, on HIPAA compliance. For more information on either of these offerings contact the NJPhA at 609/275-4246.

## **Medication Error Prevention**

The Board recently received information that a seven-year-old child incorrectly received Xalatan® instead of Ciloxan® ophthalmic solution. The prescription was a telephone order from the physician's office. The pharmacist who filled the prescription actually thought it strange that a pediatric patient was receiving a medication for glaucoma and that the directions were to administer two drops in each eye two times a day, and contacted the physician's office to confirm that the information was correct. Someone in the office (not the physician) verified that the order was for Xalatan.

What went wrong in this situation? There are many steps in the process that could have possibly prevented this medication from being incorrectly dispensed. The following are suggestions that the Board recommends you adopt as a routine part of your dispensing process if you have any concerns regarding a prescription.

1. When taking telephone orders, ask the person who is giving you the order to spell the name of the medication.
2. On telephone orders, ask if you can include the "reason" for the medication on the label. Offer suggestions if necessary. In the above case, the prescriber may have said, "For pink eye," or the pharmacist could have asked if they could add, "For glaucoma," as part of the directions. In the above mentioned case, this could have alerted everyone to the fact that there was an error.
3. If a medication does not seem right, do not dispense it even if you have received confirmation from someone in the prescriber's office. Make sure that you discuss it directly with the prescriber and let him/her know what your concerns are regarding the prescription. If the prescriber is following or referencing information that you do not have access to, ask them to fax you a copy and read it before dispensing the medication (they are human, too, and may have read it incorrectly).
4. Do not dispense a medication with unusual directions until you find documentation that supports the questionable directions.
5. Have another pharmacist look at the prescription (even if you have to phone someone), especially if a prescriber insists that you dispense something that does not seem correct to you. Do not let prescribers intimidate you or be abusive regarding your responsibility to the patient – you are the medication expert.
6. If something seems out of the ordinary to you, talk to the patient about why they are receiving the medication.

Patients depend on us to be accurate. Trust your instincts and your training. Double-check and question anything that does not seem right.

## Inspection Report Review

Here are some recently cited violations reported to the Board by inspectors from the Bureau of Enforcement:

1. A prescription written for a multistrength medication, without a strength indication, was dispensed with the most common strength.

Instances of this violation are most often observed with controlled substance combination products (ie Percocet<sup>®</sup>, Tylenol with Codeine<sup>®</sup>, Vicodin<sup>®</sup>). When a strength is not indicated, the prescriber should always be contacted. Besides the obvious patient safety issues, there is an additional burden on the pharmacist when dispensing controlled substances. N.J.A.C.8:65-7.4(a) states that, "The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription."

2. A controlled substance prescription written "For office use" was dispensed to the prescriber.

N.J.A.C.8:65-7.4(b) states, "A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients."

## Report of Loss or Theft of CDS Drugs

N.J.S.A.24:21-1 et.seq. and N.J.A.C.8:65-2.4 and 2.5 require all Controlled Dangerous Substances (CDS) registrants to notify the Drug Control Unit, Enforcement Bureau, Division of Consumer Affairs of any theft, suspected theft, or significant loss of any CDS upon discovery of such loss or theft, and to complete a Report of Theft or Loss of Controlled Dangerous Substances (form DDC-52) regarding such theft, suspected theft, or loss. Thefts or suspected thefts must be reported whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action is taken against them. The DDC-52 form must be completed and submitted to the state in addition to completing the Drug Enforcement Administration (DEA) Report of Theft or Loss of Controlled Substances (form 106) that must be completed and submitted to DEA.

## Web Site Reference List

Please utilize these sites for reference and clarification of statutes and regulations.

1. Board of Pharmacy: [www.state.nj.us/lps/ca/boards.htm](http://www.state.nj.us/lps/ca/boards.htm), then click on "List of Professional and Occupational Boards," then click on "Board of Pharmacy"
2. New Jersey Dept of Health and Senior Services: [www.state.nj.us/health](http://www.state.nj.us/health) (for Title 8 Rules and regulations for long-term care, hospice, etc.)
3. Drug Utilization Review Council/Generic Formulary Updates: [www.state.nj.us/health/mgmt/drugutil.htm](http://www.state.nj.us/health/mgmt/drugutil.htm)
4. Rule Adoptions: [www.state.nj.us/lps/ca/adoption/adopt.htm](http://www.state.nj.us/lps/ca/adoption/adopt.htm)
5. Drug Enforcement Administration (DEA): [www.DEAdiversion.usdoj.gov](http://www.DEAdiversion.usdoj.gov). From this site you can link to other DEA areas
6. Food and Drug Administration (FDA) recalls, consumer alerts: [www.fda.gov/](http://www.fda.gov/)
7. FDA Title 21 Food and Drugs Regulations (CFR): [www.access.gpo.gov/nara/cfr](http://www.access.gpo.gov/nara/cfr)
8. Federal Register: [www.gpo.gov/su-docs/aces/aces140.html](http://www.gpo.gov/su-docs/aces/aces140.html)

## Correction

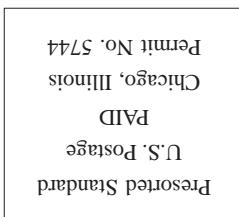
In the October 2002 Regulatory Guidance article, N.J.A.C.8:39-29.4 11(b)2 was cited regarding a unit dose distribution system. The correct citation is N.J.A.C.8:39-29.4(b).

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