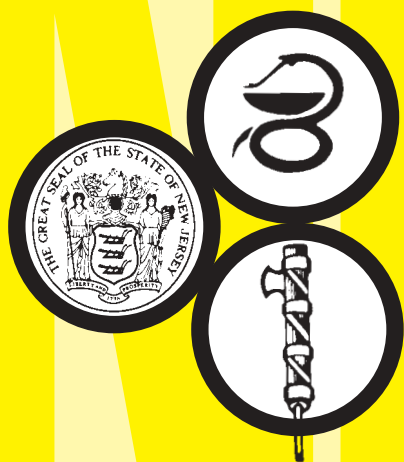


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New Jersey Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Important Notice

The Division of Consumer Affairs and its Drug Control Unit have extended the expiration dates of 2001-2002 pharmacy permits until July 31, 2002, and controlled dangerous substances registrations until September 30, 2002.

Regulatory Guidance

The New Jersey Board of Pharmacy wishes to provide the following guidance while it works to rewrite its rules to provide clearer intent.

A. "Will-call" prescriptions that have not been purchased by the respective consumer, and are returned to the pharmacy's saleable inventory. (N.J.A.C. 13:39-7.13)

Bureau of Enforcement personnel will not cite deficiencies in regard to the above situation provided:

1. The medications are retained in the prescription containers in which the medications were placed when the prescriptions were filled;
2. The containers continue to have affixed the prescription labels that were applied to the containers when the prescriptions were filled;
3. The prescription labels include an expiration date as required by N.J.A.C. 13:39-5.9(a) 12., and there are six or more months remaining on the declared expiration date.

B. Identification continuity in regard to medications transferred from their original manufacturer's commercial packages into automated dispensing systems, ie: Baker Cells, Optifill, Script Pro, et al (N.J.A.C. 13:39-7.13)

Bureau of Enforcement personnel will not cite a deficiency provided:

1. The pharmacy has in place any methodology that enables the identification of the **entire** contents of the cell or device.

Such identification information is to include the name, manufacturer, date and quantity of the fill, lot number(s), and expiration date(s) of the medications. The methodology can include

log books, empty bottles, computer documentation, or any other mechanism that enables the pharmacist(s) to identify the **entire** medication contents of the particular cell, unit, or device.

Error Prevention

The Board's Continuous Quality Improvement (CQI) Committee has begun its work. Below are some helpful, proven effective processes practitioners have instituted to prevent medication dispensing errors:

1. Ensure patient profiles are current and contain adequate information.

This allows the pharmacist to assess the appropriateness of a prescription/order.

2. Arrange product inventory to help differentiate medications from one another.

This may include the use of visual discriminators such as signs, stickers, or markers. This is particularly important when confusion exists between or among strengths, similar labels, or similar sounding names.

3. Institute proactive procedures to check for correct drug.

Instead of only comparing the prescription label to the manufacturer's label, look at the national drug code (NDC) number on the manufacturer's label and write down the middle set of numbers on the back of the prescription. Then compare the numbers to the NDC that prints out on your store label. Do not look at the store label until you write down the middle set of numbers, otherwise you might be influenced by looking before writing.

Adding this type of procedure will force your brain to compare and match the numbers. When you only do a passive visual check you sometimes see things that might not be there.

4. Have your technicians double check themselves before you check them.

The more checks that are done the less chance for errors.

5. If you have more than one pharmacist working at the same time, institute a system to keep track

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of which pharmacist is responsible for interpreting the prescription and data entry into the computer, and which pharmacist is responsible for the final check.

One way of keeping records of responsibility on new prescriptions is to have the pharmacist who interprets and enters the prescription in the computer put their initials in the computer record, and the pharmacist who is responsible for the final check initial the back of the prescription. On refill prescriptions, the initials of the pharmacist performing the final check can be recorded on a separate log, utilizing the sticker portion of the label that is normally attached to the rear of a new prescription. One practitioner stated that they have an extra strip on the laser label that prints a bar code and prescription number. The pharmacist doing the final check initials the strip and puts it on an eight- by 10-inch piece of paper. About 100 of these strips fit on the front and back of one piece of paper.

All new and refills store labels should have a manual initial of the final check prescription. These procedures will track responsibility.

6. Counseling as the final check.

Counseling should be viewed as an opportunity to verify the accuracy of dispensing and the patient's understanding of proper medication use.

In general, form good habits to insure that you document your work.

7. Document who called in the order or prescription from the prescriber's office. Save your notes from your phone calls to a prescriber's office.

Do not throw away the paper that had the transcription on it when you enter information into the computer. If you do, you will not have the written word to reference. Whenever you phone a prescriber's office for questions, document the time and date you called, who you spoke to, and what the

person told you (ie, verified directions, drug, strength, refills, etc).

Written words are more accurate than your memory. Put your initials on these notes so it is clear who made the note.

Notification of Theft and/or Significant Loss

A reminder that registrants are required under the controlled dangerous substance rule N.J.A.C. 8:65-2.5(d) to notify the Drug Control Unit of the theft or significant loss of any controlled substance upon discovery of such loss or theft. Registrants are required to complete and submit New Jersey Form DDC-52, and Drug Enforcement Administration Form #106.

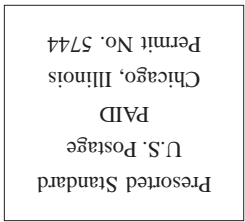
CDS Prescriptive Authority for Advanced Practice Nurses

Advanced Practice Nurses (APNs) may prescribe controlled dangerous substances (CDS) only:

- ◆ To continue or reissue a CDS prescription or order of the collaborating physician (prescription must state "re-issue"), or
- ◆ To adjust the dosage of the CDS prescription or order of the collaborating prescription (prescription must state "dosage change"), or
- ◆ For a terminal illness or end-of-life situation (prescription must state "N.J.S.A. 45:11-49c(1) (b)").

The *New Jersey Board of Pharmacy News* is published by the New Jersey 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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