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New Jersey Board of Pharmacy

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www.state.nj.us/lps/ca/boards.htm

Published to promote voluntary compliance of pharmacy and drug law.

Update on New Pharmacy Practice Act

At the June 13, 2001 New Jersey State Board of Pharmacy meeting, the Board unanimously moved to forward the proposed Pharmacy Practice Act as amended to the Office of Legislative Services (OLS). The OLS is a nonpartisan agency of the legislature that provides research and drafting assistance, and prepares the bill in proper technical form for introduction to the legislature. Once OLS releases this bill, it must gain as many Assembly and Senate sponsors as possible. The bill will go to committee, where the comments can be presented and changes made. From committee, the bill will be introduced on the floor of both houses.

The proposed act will repeal various parts of the existing statutory law (N.J.S.A. 45:14 1-36). The act will permit the effective control and regulation of the practice of pharmacy, the licensure of pharmacists, and permit and control the regulation of all pharmacy practice sites.

Some key points affecting pharmacists in the new act include:

- recognizing pharmacy as a health care profession,
- recognizing pharmacists as health care providers,
- pharmacist participation in immunization and collaborative practice programs,
- regulation of pharmacy practice sites in- and out-of-state, and
- pharmacists shall provide counseling.

Licensee's "Address of Record"

"Address of record" is defined in N.J.A.C. 13:39-1.2 as "an address designated by the licensee, which is part of the public record and which may be disclosed upon request. 'Address of record' may be a licensee's home, business, or mailing address, but shall not be a post office box."

A licensee's address of record is obtained from the information submitted by the licensee when application for license renewal is made biennially. A licensee's address of record is available to the public on the Board of Pharmacy Web site. Per N.J.A.C. 13:39-3.4 "a licensee may change his or her address of record," for example, from his or her home to his or her business address, by notifying the Board in writing. Keep in mind that all correspondence from the Board to a licensee, including licensee renewal applications, is mailed to the licensee's address of record.

Central Fill/Central Processing

Various segments of the profession are looking at and contemplating central fill and central processing as alternatives to the pharmacist shortage and to achieve efficiencies. There are central fulfillment and central processing centers already in operation in some areas of the country. The Board approved at its August 8, 2001 meeting a final draft proposal that will define and regulate central fill and central processing in our state. The proposed regula-

tion is now in the regulatory review and approval process. This is an extensive process as it involves approval by the Division of Law, the Assistant Attorney General, the Governor's Office, and the Office of Administrative Law prior to publication in the *New Jersey Register*.

Once the proposal is published in the *New Jersey Register* and public comment is received, the proposal will come back to the Board. Some comments may result in changes to the final rule proposal. An adoption notice of the final rule that contains a summary of the comments and the Board's responses is then re-sent through the approval steps.

Watch for the publication of the proposed regulation in the *New Jersey Register*.

Web Site Posting of Rule Proposals

With recent changes to the Administrative Procedures Act (APA), as of July 2001 all state agencies will be required to post notice of proposed rules on the Internet. All rule proposals will be posted, categorized by date and by board or unit, to a single Web page entitled "New Jersey Division of Consumer Affairs' Rule Proposals" located at www.state.nj.us/proposal/proposal.htm. To ensure easy access, a hyperlink has been added to the Board of Pharmacy Web page. Comments can be made online and will be treated in the same manner as those that are received through traditional methods. At the conclusion of the comment period, the rule proposal will be removed from the "Rule Proposals" Web page.

Useful Web Site Information

Up-to-date information from **New Jersey Medicaid** such as newsletters, alerts, edit codes, and descriptions is now available on the Web. Go to www.njmmis.com. As noted above, information about rule proposals, rule adoptions, and links to other Web resources can be accessed through the Board of Pharmacy Web site. Go to www.state.nj.us/lps/ca/boards.htm, then click on "List of Professional and Occupational Boards," then click on "Board of Pharmacy."

Disciplinary actions taken by the Board can be viewed by going to www.state.nj.us/lps/ca/boards.htm, and scroll and pick *Disciplinary Action*.

From the Desk of the Director of Pharmacy – H. Lee Gladstein, RP

The following are questions frequently asked of the Director of Pharmacy:

Q: Under what conditions can I dispense amphetamines and sympathomimetic amines?

A: The Board of Medical Examiners regulation N.J.A.C. 13:35-7.8 (b) states: "A practitioner may prescribe, dispense, or administer amphetamine or sympathomimetic amine drugs or compounds designated as Schedule II controlled substances, only as follows.

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For the treatment of the following medical conditions:

- i. Narcolepsy established by recognized diagnostic criteria;
- ii. Idiopathic Central Nervous System; Hypersomnia established by recognized diagnostic criteria;
- iii. Attention deficit disorder established by recognized diagnostic criteria;
- iv. Drug-induced brain dysfunction;
- v. Epilepsy;
- vi. Depression shown to be refractory to other therapeutic modalities;
- vii. Senile apathetic behavior.”

Q: Can I partial-fill a Schedule II prescription if I don't have the full quantity?

A: N.J.A.C. 8.65-7.10 Partial filling of prescription; Schedule II states:

- “a) The partial filling of a prescription for a controlled substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription and he makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription).
- (b) The remaining portion of the prescription may be filled within 72 hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall so notify the prescribing individual practitioner.
- (c) No further quantity may be supplied beyond 72 hours without a new prescription.”

Q: When can I refuse to fill a prescription?

A: N.J.A.C. 13:39-6.1 (a) states the following:

“The pharmacist shall have the right to refuse to fill a prescription, if, in his or her professional judgment, the prescription is outside the scope of practice of the prescriber, or if the pharmacist has sufficient reason to question the validity of the prescription, or to protect the health and welfare of the patient.”

Inspections – Recovery of Costs

It is the Division of Consumer Affairs standard procedure to recover costs in any disciplinary action initiated by any of the professional boards that results in any sanction. The Board of Pharmacy does not charge costs for routine inspections.

Board Responds to Medication Errors

The topic of medication and dispensing errors has received a lot of attention recently in both the lay press and professional journals.

Part of the Board's responsibilities include investigating consumer complaints and disciplining those licensees who do not practice according to established standards. Sometimes a consumer files a complaint with the Board because the wrong medication was received by the consumer or a loved one.

While the Board is cognizant that prescription dispensing errors are not always due to the incompetent or improper actions or omissions by its licensees, it also recognizes the fact that unwanted outcomes are not always the result of a deficient process or system.

The Board has recently established a subcommittee of Board members whose work will encompass the whole arena of prescription dispensing errors. The committee's goal will be to help decrease the incidence of medication errors by identifying sources of errors and facilitating the needed changes to prevent future occurrences.

Changes Pharmacists Can Make to a Schedule II Prescription

The majority of changes to a Schedule II prescription can be made only after the pharmacist contacts the prescribing practitioner. The pharmacist is permitted to change the patient's address, drug strength, drug quantity, drug dosage form, and directions for use. The pharmacist may add information such as the patient's address. The pharmacist is never permitted to make changes to the patient's name, controlled substance prescribed (except to substitute a generic), or the prescriber's signature. These types of changes challenge the necessity of the original prescription and would require a new prescription from the prescribing physician. After consulting with the prescriber, the pharmacist must document any changes made including the time, date, and his/her signature. Documentation on the prescription is the pharmacist's account of the changes made. These changes should match what appears in the patient's chart at the prescriber's practice site if the address, dosage form, drug strength, quantity, or the directions for use are changed.

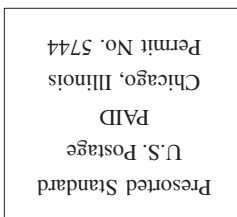
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