



New Jersey Board of Pharmacy

Published to promote voluntary compliance of pharmacy and drug law.

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A Special Note of Gratitude

Please join the New Jersey Board of Pharmacy in recognition of Pamela Allen, RPh, MBA, for 12 years of exemplary service to the citizens of New Jersey as a member of the Board, including two years as Board president. Pamela has resigned from the Board to pursue an opportunity in her home state of Ohio. We wish Pam all the best, and thank her for her dedication and unbridled passion for the profession of pharmacy. Her contributions to the Board will be greatly missed.

Reinstatement of an Expired License

Licensees should be aware of the implications of allowing a pharmacy license to expire, for whatever reason, for greater than five years. N.J.S.A. 45:1-7.1(d) states, “[a]n applicant seeking reinstatement of a license or certificate suspended pursuant to this section more than five years past its expiration date shall successfully complete the examination required for initial licensure, registration or certification and submit a renewal application and payment of an additional reinstatement fee.” Accordingly, the Board promulgated regulation N.J.A.C. 13:39-2.17(a)5b, which states, “[i]f the license has been administratively suspended for a period of more than five years, a pharmacist applying for reinstatement shall satisfy all requirements in (a)1 through 4 above and shall pass the [Multistate Pharmacy Jurisprudence Examination[®]] MJPE and the [North American Pharmacist Licensure Examination[®]] NAPLEX.” The requirements of N.J.A.C. 13:39-2.17(a)1 through 4 include a completed renewal application, all past due renewal fees as listed in N.J.A.C. 13:39-1.3, a reinstatement fee as listed in N.J.A.C. 13:39-1.3, and any outstanding penalties imposed by the Board. The Board has been petitioned on multiple occasions to waive the NAPLEX requirement. However, this requirement cannot be waived, as it is called for under statute N.J.S.A. 45:1-7.1(d). Any individual wishing to reinstate a license expired for greater than five years must pass the MPJE and the NAPLEX.

New Labeling Requirement for Generic Drugs

Senate Bill 906 was signed into law on July 31, 2009, and becomes effective January 27, 2010. Section 10 of P.L.1977, c.240 (C.24:6E-9) was amended to read as follows:

If a nonbrand name drug product is dispensed, the pharmacist shall include on the label of such drug product pursuant to a prescription the name of the brand drug and the name of the generic drug. The information required pursuant to this section shall be in the following form, with the generic name and brand name inserted as appropriate:

_____ Generic for _____.

The Board will be updating NJAC 13:39 – 7.12(a)3 to reflect the language in the new law.

Disciplinary Actions

The actions listed below include only those where the individual’s license to practice has been revoked, surrendered, suspended, restricted, or reinstated and do not include any other actions taken by the Board. Information regarding the current status of a pharmacist’s license may be obtained either at the Division of Consumer Affairs Web site or by calling the License Verification Line at 973/273-8090.

Reinstatements

Thomas Clough, RPh – As of March 12, 2008, respondent has entered into an order with the Board to reinstate his license to practice pharmacy with stipulations. **Ordered:** Respondent shall submit witnessed random urine monitoring for a minimum of two (2) times per week the initial twelve (12) months of license reinstatement and employment as a pharmacist, and a minimum of one (1) time per week for twelve (12) months thereafter. In addition, respondent shall present a copy of

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Pharmacy Security and Safety Prove Necessary Component in Pharmacists' Training

Pharmacy robbery – no one ever thinks it will happen to them, but those who have experienced it know it **can** happen to anyone. To address the importance of recognizing actions to follow if faced with a robbery, several boards of pharmacy have included pharmacy safety resources in their state newsletters and on their Web sites. In addition, to keep current licensees aware and up to speed on safety measures, procedures can be directly taught and reiterated in the pharmacy. Likewise, at least one college of pharmacy has begun incorporating pharmacy safety training in its curriculum and recently saw the extreme benefits of doing so.

On Wednesday, July 8, 2009, Dustin Bryan, a P2 doctor of pharmacy candidate at Campbell University College of Pharmacy and Health Sciences, quickly learned how imperative pharmacy safety training really was when he experienced a pharmacy robbery first hand. Just as Bryan and his fellow employees were preparing to close the store, two gunmen entered the North Carolina pharmacy and approached the counter demanding OxyContin®. They left with bags filled with OxyContin and Percocet®, having a retail value of nearly \$10,000.

Luckily, all employees involved remained unharmed and despite the situation, Bryan was able to remain calm, focusing on lessons he recently learned during his pharmacy management course at Campbell.

Bryan shared his experience in the university's college of pharmacy alumni e-Newsletter. In the article Bryan states, "I crouched down hoping they hadn't seen me so I could get to a safe place in an office behind the pharmacy to call the police. They saw me as I was crawling and made me come to the front of the pharmacy. My mind was running through a class Dr Cisneros taught dealing with a robbery," he explains. "I knew what type of questions the police would be asking from our lecture, and I was asking myself those very questions while the robbery was happening. It was a very intense and scary moment . . . but I am thankful for the class I had and that nobody was hurt during the whole ordeal."

In December 2008, a safety DVD, *Pharmacy Security – Robbery*, accompanied the shipments of the National Association of Boards of Pharmacy® 2009 Survey of Pharmacy Law that were sent to the schools and colleges of pharmacy. The DVD was an educational offering from Purdue Pharma L.P. provided to the schools as part of an initiative to promote pharmacy safety education. Endorsed by National Association of Drug Diversion Investigators, Federal Bureau of Investigation Law Enforcement Executive Development Association, and National Community Pharmacists Association, the 15-minute video contains information that may be critical to preparing pharmacists in the event that they are faced with a robbery.

It was this DVD that Robert Cisneros, PhD, assistant professor at the university, implemented in his pharmacy management

course – the very same course that helped Bryan stay calm during the robbery. Cisneros went a step further by arranging for the head of campus security to speak during the course.

"One of the biggest values of the DVD was pointing out things to focus on during a robbery such as the robber's appearance – clothes, height, weight – and not just focusing on the gun," states Cisneros. He was glad to have received the DVD, explaining that, "it was just the right length, added a lot to the class, and led to great discussions." Cisneros went on to share that he was surprised to learn only 50% of the students in his class this past spring had some form of training on what to do if robbed, though this was a significant increase from the less than 5% who indicated so a few years prior.

Pharmacy robberies may not be avoidable; however, with the proper knowledge, individuals faced with these frightening situations may be better prepared to avoid harm and to assist law enforcement officials in catching criminals before additional robberies occur.

The safety DVD mentioned above may be viewed on the RxPatrol® Web site at www.rxpatrol.org. RxPatrol is a collaborative effort between industry and law enforcement designed to collect, collate, analyze, and disseminate pharmacy theft information. The safety DVD, along with a variety of other non-branded educational materials, is also available through the Purdue Pharma Medical Education Resource Catalog, accessible at www.partnersagainstpain.com under Pain Education Center.

Concerns with Patients' Use of More than One Pharmacy



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency that analyzes medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, and publishes its recommendations. To read about the risk reduction strategies that you can put into practice today, subscribe to ISMP Medication Safety Alert!® Community/Ambulatory Care Edition by visiting www.ismp.org. ISMP is a federally certified Patient Safety Organization, providing legal protection and confidentiality for submitted patient safety data and error reports. ISMP is also a FDA MedWatch partner. Call 1-800-FAIL-SAF(E) to report medication errors to the ISMP Medication Errors Reporting Program or report online at www.ismp.org. ISMP address: 200 Lakeside Dr, Suite 200, Horsham, PA 19044. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

Perhaps it is not readily apparent, but medication safety could be compromised if patients practice polypharmacy to take advantage of widely publicized programs offering discounted or free medications. With tough economic times, patients may choose to fill or refill their prescriptions at multiple pharmacy



locations to save money, since taking advantage of such offers may cost less than filling their prescription at their usual pharmacy and paying the insurance co-pay.

Normally, when a customer presents a prescription, the pharmacy sends information about the drug and the patient to third-party payers and/or the patient's pharmacy benefit managers (PBM) for reimbursement.

If patients are paying out of pocket for the prescription, the pharmacy can notify the PBM so the medication can be tracked, but notification is not required. In these circumstances, the PBM and insurer may not be made aware that the prescription has been dispensed and no adjudication or drug utilization clinical screening of the prescription will be performed. Normally, medications are screened by the PBM's computer system, which includes all prescription medications regardless of where they were dispensed, and dispensing pharmacists are alerted to drug duplications, drug interactions, and some other unsafe conditions. This checking process will not occur if the prescription is not sent to the PBM. This also has an impact on hospitals that use outside vendors that obtain PBM data through Surescripts in order to populate patient medication profiles upon admissions to the emergency department or hospital. This could decrease the accuracy of drug lists collected for medication reconciliation since these vendors access their information from PBMs and insurers.

For these reasons, patients need to be educated about the importance of sharing insurance information wherever they have their prescriptions filled, even when the insurance is not being billed. Community pharmacists can help by submitting claims to insurance carriers, as cash, to keep an accurate medication profile for the patient. This is especially necessary if the patient is only filling a prescription for a drug on the \$4 list from your pharmacy, but you suspect they may be taking other medications and obtaining them elsewhere. It is also important to expand our efforts to encourage patients to keep a complete list of medications, herbals, nutritional supplements, vitamins, and prescription drugs and to show this list to every provider of care they visit. Community pharmacies can also update patient medication profiles in their computer systems to include prescription and over-the-counter medications obtained at other pharmacies, including mail-order, and promoting and providing a written copy of this list to the patient upon request.

CDC Announces Get Smart Week to Help Decrease Antibiotic Resistance

Centers for Disease Control and Prevention (CDC) is holding Get Smart Week October 5-11 to emphasize CDC's public health effort to decrease antibiotic resistance, including how pharmacists can become involved. Because antibiotic resistance is one of the world's most pressing public health problems, CDC launched the Get Smart Web site to teach about the potential danger of antibiotic resistance and what can be done to prevent it.

The Web site contains patient education materials, updated guidelines for health care providers, campaign materials, and additional resources, including information in Spanish, to help increase the public health awareness of antibiotic resistance and the importance of obtaining influenza vaccines in time for the upcoming flu season. As most states now allow pharmacists to immunize, they can help contribute to public health awareness on who should get flu shots and appropriate antibiotic use in the community. The Get Smart Web site can be accessed at www.cdc.gov/getsmart/.

FDA Approves Vaccine for 2009-2010 Seasonal Influenza and H1N1

Food and Drug Administration (FDA) has approved a vaccine for 2009-2010 seasonal influenza in the United States. FDA has also approved four vaccines against the 2009 H1N1 influenza virus. The seasonal influenza vaccine will not protect against the 2009 H1N1 influenza virus. More information is available at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements.

ISMP: Do Not Store Insulin Vials in Open Cartons – Risk of Mix-up High

ISMP warns that storing insulin vials inside their cardboard cartons after the packages have been opened can lead to mix-ups, and potential medical emergencies, if vials are accidentally returned to the wrong carton after being used. The next patient care worker looking for a particular insulin product could read the label on the carton, assume that it accurately reflects what is inside, and end up administering the wrong product. To avoid such a mishap, ISMP recommends that the cartons be discarded, either in the pharmacy before the insulin is dispensed, or when it is received at the nursing station.

FDA Takes Actions on Pain Medications Containing Propoxyphene

FDA announced in July that it will require manufacturers of propoxyphene-containing products to strengthen the label, including the boxed warning, emphasizing the potential for overdose when using these products. FDA will also require manufacturers to provide a medication guide for patients stressing the importance of using the drugs as directed. In addition, FDA is requiring a new safety study assessing unanswered questions about the effects of propoxyphene on the heart at higher than recommended doses. Findings from this study, as well as other data, could lead to additional regulatory action. In its July 7 denial of a citizen petition requesting a phased withdrawal of propoxyphene, FDA said that, despite "serious concerns . . . , the benefits of using the medication for pain relief at recommended doses outweighs the safety risks at this time." Additional information can be found at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm170769.htm.

the order to any future employers prior to commencing work as a licensee and shall ensure that his employer sends documentation to the Board that he or she has reviewed the complete order. *(Filed on March 12, 2008.)*

Catherine Ann Fee, RPh – As of September 10, 2008, respondent's license to practice pharmacy shall be reinstated subject to conditions. **Ordered:** Respondent shall pay all reinstatement fees and submit proof of the necessary continuing education (CE) credits and successfully complete all application requirements including a criminal background check prior to her license being reinstated. *(Filed on September 10, 2008.)*

Mark Szarzewski, RPh – As of September 24, 2008, respondent shall submit to the Board applicable CE credits and pay all required fees. Thereafter respondent's license to practice pharmacy shall be reinstated subject to conditions. **Ordered:** Respondent must comply with the criminal history background check and other application requirements. Respondent shall refrain from obtaining any employment where he has access to any medication including but not limited to controlled dangerous substances. A copy of the consent order shall be provided to all employers where a pharmacy license is required for employment or where respondent has access to medications, prescriptions, or patient profiles. Respondent shall attend Alcoholics Anonymous support group meetings at a frequency of not less than three (3) times per week. Respondent may request modification of the order no earlier than July 8, 2011. *(Filed on September 24, 2008.)*

Suspensions

Robert F. Fazzini, Jr, RPh – Respondent was to ensure that medically necessary medications were to be administered correctly and on time at an overnight camp for children. It was alleged that in fact the correct medications had not been received or that medications had not been delivered at all. **Ordered:** On the 19th day of November 2008, respondent's license to practice pharmacy shall be suspended for a period of one (1) year from the date of this order, said suspension to be stayed. Respondent and the pharmacy shall not engage in providing prescription services to overnight camps without prior approval from the Board. In addition, respondent shall be assessed a civil penalty of \$10,000 to be paid to the Board, along with the cost of the investigation in the amount of \$671.50. *(Filed on November 19, 2008.)*

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