Fifty-Year ‘Gold Year’ Pharmacists

<table>
<thead>
<tr>
<th>Name</th>
<th>Original Licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ted Blair Ratcliff</td>
<td>1/1/1960</td>
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<tr>
<td>Derel Gray Till</td>
<td>3/23/1960</td>
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<tr>
<td>John Thomas Reading</td>
<td>4/19/1960</td>
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<tr>
<td>Joe Nix Quin</td>
<td>4/19/1960</td>
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<tr>
<td>Harriett Ann Ginn</td>
<td>4/19/1960</td>
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<tr>
<td>Carole F. Spremich</td>
<td>4/25/1960</td>
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<tr>
<td>John Richard Sawyer</td>
<td>5/16/1960</td>
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<tr>
<td>Martha Hinton Legg</td>
<td>5/16/1960</td>
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<tr>
<td>George Richard Bolling</td>
<td>6/2/1960</td>
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<tr>
<td>James Walter Gregg</td>
<td>6/14/1960</td>
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<tr>
<td>William Ralph McKinnon,Jr</td>
<td>6/14/1960</td>
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<tr>
<td>Eugene Allen Mattox</td>
<td>7/1/1960</td>
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<tr>
<td>Charles Thurman Solomon</td>
<td>7/1/1960</td>
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<tr>
<td>Carl Vernon Tanner, Jr</td>
<td>7/1/1960</td>
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<tr>
<td>Charles Wesley Turner</td>
<td>7/1/1960</td>
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<tr>
<td>James Moody Brock</td>
<td>7/1/1960</td>
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<tr>
<td>Edward Owen Duke</td>
<td>7/1/1960</td>
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<tr>
<td>Mary Maynard Morrow</td>
<td>7/26/1960</td>
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<tr>
<td>William Earl Knight, Jr</td>
<td>8/16/1960</td>
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<tr>
<td>Roy Alexander Barnett, Jr</td>
<td>9/15/1960</td>
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<tr>
<td>Thomas Alex McLeod</td>
<td>9/29/1960</td>
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<tr>
<td>William Earl Baird</td>
<td>9/29/1960</td>
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<tr>
<td>James H. Whatley</td>
<td>10/14/1960</td>
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<tr>
<td>William Howard Hudgens</td>
<td>10/14/1960</td>
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<tr>
<td>Ray Delano McDiarmid</td>
<td>10/14/1960</td>
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<tr>
<td>Jake Ronald Vaughn</td>
<td>10/17/1960</td>
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<tr>
<td>Roy Wise McClendon, Jr</td>
<td>10/18/1960</td>
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</tbody>
</table>

The preceding individuals are being recognized for their distinction of having been licensed pharmacists in Alabama for 50 years. The Alabama State Board of Pharmacy gratefully acknowledges their years of contribution to the learned pharmacy profession.

Board Members/Drug Inspectors – 2010
Mike Mikell, President..............................................................Millbrook
Dr Rob Nelson, Vice President ............................................Tuscumbia
Donnie Calhoun, Treasurer....................................................Anniston
Kenny Sanders, Member..........................................................Alabaster
Mark Conradi, Member............................................................Clanton
Herbert Bobo, Secretary.....................................................Birmingham
Henry Burks, Jr, Chief Inspector....................................Hooer
Eddie Braden, Inspector.....................................................Birmingham
Scott Daniel, Inspector.....................................................Prattville
Mark Delk, Inspector..........................................................Pelham
George Grubbs, Inspector....................................................Springville
Richard Lamburushi, Inspector.............................................Harvest
Glenn Wells, Inspector..........................................................Trussville

USP Chapter 797 Pharmaceutical Compounding – Sterile Products – Question & Answer

1. Question: Is it a requirement that Alabama pharmacies preparing compounded sterile products (CSPs) follow United States Pharmacopeia (USP) Chapter 797 guidelines?
   Answer: Yes. The Board compliance date is December 31, 2010.

2. Question: Can a pharmacy prepare “anticipated need” CSPs under the immediate-use provision of USP Chapter 797 and claim exemption from “Low-Risk Level CSPs” guidelines?
   Answer: The following information is taken from United States Pharmacopeia Chapter 797, “Pharmaceutical Compounding – Sterile Preparations” in the section on “Immediate-Use CSPs”:
   “The immediate-use provision is intended only for those situations where there is a need for emergency or immediate patient administration of a CSP. Such situations may include cardiopulmonary resuscitation, emergency room treatment, preparation of diagnostic agents, or critical therapy where the preparation of the CSP under
FDA and ISMP Warn of Potential Medication Errors for Dosing and Emergency Compounding of Tamiflu

Food and Drug Administration (FDA) issued a Public Health Alert regarding potential dosing errors with Tamiflu® (oseltamivir) for oral suspension. While United States prescriptions for liquid medicines are generally written in milliliters or teaspoons, Tamiflu is dosed in milligrams and packaged with a dispenser marked in milligram dosages. Errors where dosing instructions for the patient do not match the dosing dispenser have been reported to FDA. FDA advises that providers should write doses in milligrams if the dosing dispenser with the drug is in milligrams. Pharmacists should ensure that prescription instructions and the dosing device use the same unit of measure. More information can be accessed at www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm183714.htm.

The Institute for Safe Medication Practices (ISMP) issued an alert to all health care professionals regarding a risk of dosing errors related to the concentration of pharmacy-compounded Tamiflu (oseltamivir phosphate) oral suspension being dispensed due to shortages of the manufacturer’s oral suspension. The base concentration for the commercially manufactured Tamiflu oral suspension is 12 mg/mL. The directions for emergency compounding of Tamiflu oral suspension from Tamiflu powder capsules result in a 15 mg/mL oseltamivir base concentration. Incidents have occurred resulting in too large of a dose being dispensed to children. ISMP advises that prescribers communicate suspension doses in milligrams rather than by volume, and that, if experiencing shortages of commercial Tamiflu oral suspension, pharmacists communicate with area medical practices regarding the dosage error risk. More information may be found at the ISMP Web site at www.ismp.org/safetyalerts/20091015-Tamiflu.asp.

FDA Authorization for Use of Outdated Tamiflu Products Remains in Effect until April 2010

On October 30, 2009, FDA issued an Emergency Use Authorization (EUA) allowing pharmacists to dispense certain lots of expired Tamiflu for oral suspension as part of the federal government’s response to the 2009 H1N1 influenza public health emergency. The declaration of emergency justifying the EUA remains in effect until April 26, 2010, unless it is terminated earlier, or extended. The authorized lots of Tamiflu for oral suspension, which were tested through the federal government’s Shelf-Life Extension Program, are part of the Strategic National Stockpile and are listed on the FDA Web site at www.fda.gov/NewsEvents/PublicHealthFocus/ucm154962.htm. Additional information for health care professionals and the EUA letter are also available on the FDA Web site.

HIPAA and Quality – The Seven-Year Itch

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-SAFE (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.

On April 24, 2003, an article in the Wall Street Journal noted that many health care providers “are going overboard to avoid violations” of the Health Insurance Portability and Accountability Act (HIPAA) privacy rule, which took effect on April 14 of that year. In fact, initial concern was that the rule might actually slow the transfer of protected health information and place patients at risk for harm, certainly the opposite of HIPAA’s intended goal.

One particularly troubling area of confusion is whether listing the drug’s intended purpose on a prescription violates the privacy rule. Initially, numerous organizations reported that physicians were reluctant to include this crucial information on prescriptions. But according to the US Department of Health and Human Services (HHS), listing a medication’s purpose or the patient’s diagnosis on a prescription does not violate the privacy rule. Although a patient’s diagnosis or purpose for using a medication diagnosis on a prescription does not violate the privacy rule. Although a patient’s diagnosis or purpose for using a medication would qualify as protected health information, communicating this information on a prescription does not require separate, special authorization because the information is used for the purposes of treating the patient. A violation would occur only if the prescription form was then used for a purpose not defined by the HIPAA privacy rule, such as copying it for a marketing company.

Concerns were also raised that listing a purpose on prescriptions did not meet qualifications of providing only the minimum amount of information necessary to treat the patient. However, the “minimum necessary” rule does not apply when protected health information is disclosed between providers treating the same patient. ISMP firmly believes that the drug’s intended purpose should be part of the “minimum amount of information necessary” on a patient’s prescription. Pharmacists should never be expected to dispense a medication without knowing its intended use, which is typically the case in many community pharmacies. Knowing the
FDA Warns Companies to Stop Marketing Unapproved Codeine Sulfate Tablets

On October 13, 2009, FDA warned four companies to stop marketing unapproved codeine sulfate tablets. The manufacturers and distributors that received warning letters are as follows:

♦ Lehigh Valley Technologies Inc in Allentown, PA
♦ Cerovene Inc in Valley Cottage, NY
♦ Dava International Inc in Fort Lee, NJ
♦ Glenmark Generics Inc USA in Mahwah, NJ

FDA regulations allow manufacturers 90 days to cease manufacturing of new product, and distributors 180 days to cease further shipment of existing products. Previously manufactured unapproved products may still be found on pharmacy shelves for a period of time. FDA advises that Roxane Laboratories markets FDA-approved codeine sulfate tablets and is able to meet the demand for the drug. For additional information about the warning letters, visit www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm186418.htm.

2010 Survey of Pharmacy Law Now Available

Serving as a convenient reference source for individuals seeking an overview of the state laws and regulations that govern pharmacy practice, the updated 2010 Survey of Pharmacy Law is now available.

The Survey, produced as a CD, consists of four sections including a state-by-state overview of organizational law, licensing law, drug law, and census data. Newly added this year, a question in Section 17, “Wholesale Distributor Licensure Requirements,” asks whether or not states license or register manufacturers separately from wholesalers.

Updates for the Survey were graciously provided by the state boards of pharmacy. In addition to the state boards of pharmacy’s support, this year NABP requested data from numerous outside organizations for the Survey’s prescribing authority and dispensing authority laws in Sections 24 and 25.

The Survey can be purchased for $195 by visiting the publications section of the NABP Web site at www.nabp.net, downloading the publications order form, and mailing it to NABP Headquarters with a check or money order made payable to NABP. Credit card payments are accepted by phone.

All final-year pharmacy students receive the Survey free of charge through the generous sponsorship of Purdue Pharma L.P.

For more information on the Survey, please contact customer service via phone at 847/391-4406 or via e-mail at custserv@nabp.net.
3. **Question:** Can ADVANTAGE® drug delivery or other similar systems requiring assembly according to the manufacturer’s guidelines be utilized at the bedside and meet USP Chapter 797 guidelines?

**Answer:** Yes. Sterile delivery systems engaged according to the manufacturer’s guidelines with immediate administration meet USP Chapter 797 preparation guidelines.

### Rule Change Effective January 13, 2010

#### 680-X-2-.14 The Role of Technicians in Pharmacies in Alabama

(10) All pharmacy technicians shall register with the Alabama State Board of Pharmacy. This registration shall expire on December 31 of odd numbered years. In the event an application for renewal of a pharmacy technician’s registration is not received by December 31 of any odd numbered year but is received at the Board office no later than January 31 of the following year, a non-disciplinary administrative penalty in the amount of $30.00 must be paid in order to renew. This penalty is in addition to any penalty referenced above.

#### 680-X-2-.19 Parenteral Therapy

(2) Registration and Certification, Pharmacies: All pharmacies engaged in the compounding of parenterals shall be registered with the Alabama State Board of Pharmacy annually and receive a permit in accordance with Code of Alabama 1975, §34-23-30.

(3) Registration and Certification, Pharmacists: All pharmacists engaged in compounding and dispensing or Parenteral Solutions including cytotoxic agents shall register annually with the Board of Pharmacy in accordance with the Code of Alabama 1975, §34-23-51, 34-23-52.

(a) It shall be the responsibility of the supervising pharmacist to verify the parenteral certification of pharmacists involved in the preparation of parenteral products.

### Transcription Attentions/Error Alerts/Safety Tips

1. Computerized physician order entry (CPOE) enhances the legibility of physician penmanship but can lead to computerized prescribing issues.

   - **Shortcut computer abbreviations should always be clarified.**
     - **Example:** X7D. Is it for 7 days or 7 doses? **Clarify.**
     - **Example:** QID or Q1D. They look so similar when typed.

   - **Implements a verbal order read back process to allow for verification and clarification during transcription to paper or computer.**

2. Verbal orders should be transcribed immediately to writing. Writing may be transcribed directly into the pharmacy computer.

3. Controlled substances Schedules III through V prescriptions sent via electronic transmission (e-prescribing) are not valid according to Drug Enforcement Administration regulation.

4. Clarification of prescription validity is between the pharmacist and the prescriber.

### Board Meeting Dates 2010

Board meetings are open and held at the Board office.

- **Day 1 – Administrative Hearings – 8 AM**
  - January 5-6, 2010
  - February 23-24, 2010
  - March 23-24, 2010
  - April 20-21, 2010
  - May 18-19, 2010
  - June 22-23, 2010

- **Day 2 – Board Business/Interviews – 8 AM**
  - January 5-6, 2010
  - February 23-24, 2010
  - March 23-24, 2010
  - April 20-21, 2010
  - May 18-19, 2010
  - June 22-23, 2010

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### 21 CRF §1306.23 Partial Filling of Prescriptions

The partial filling of a prescription for a controlled substance listed in Schedule III, IV, or V is permissible, provided that:

(a) Each partial filling is recorded in the same manner as a refilling,

(b) The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and

(c) No dispensing occurs after 6 months after the date on which the prescription was issued.