

Miscellaneous Federal Laws and Rules

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Misc. Federal and State Laws and Rules Objectives

- The student will be able to discuss a number of Federal and State laws and rules to determine how they affect the practice of pharmacy in WA. These include:
- Child-Resistant Packaging (CRC) with exemptions from these requirements
- PDMA, Robinson-Patman
- Tamper resistant packaging (TRP)

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Child Resistant Packaging New Requirements 1/98

- The closures must be tested on children AND senior adults (>50 yrs old)
- RPh must assure that Rx vials have been certified as meeting both standards (i.e., adults must be able to open closure child must not be able to open closure)

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Child Resistant Packaging

- Consumer Product Safety Commission
- Poison Prevention Packaging Act
 - 15 USC 2079
 - 16 CFR 1700.14

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CRC Required

- Aspirin,
- methyl salicylate,
- Controlled drugs,
- Rx drugs,
- Iron containing DRUGS & Dietary supplements >250mg,
- Acetaminophen >1 Gm,
- Diphenhydramine >66mg,
- Ibuprofen >1Gm

Child Resistant Packaging

- Exemptions
 - One size may not comply IF
 - other packages do comply and
 - Must be marked “For households without children”

Child Resistant Packaging

- Patient may request “blanket waiver”
- Prescriber may NOT request blanket waiver
- Prescriber may request non-complying package
- Patient may request non-complying package
 - WA rule requires patient signature for non-CRC (246-869-210)
 - Federal rule does NOT require signature

Child Resistant Packaging

- Exemptions continued
- Sublingual nitroglycerin
 - MUST dispense in original glass package/FDA
- SL & Chewable Isosorbide dinitrate 10mg/<
- Erythromycin granules 8 Gm erythromycin
- Erythromycin tablets 16 Gm erythromycin
- Cholestyramine powder

Child Resistant Packaging

- Potassium supplements in unit dose 50mEq/dose
- Sodium Fluoride 264mg/pkg
- Betamethasone in mfg pkg 12.6 mg
- Mebendazole 600mg/pkg
- Methylprednisolone 84 mg
- Colestipol powder 5 Gm
- Pancrelipase tab, cap, powder - no limit

Child Resistant Packaging

- Oral contraceptives in memory packages
- Prednisone tablets 105 mg/pkg
- Conjugated estrogens mnemonic 26.5mg
- Norethindrone mnemonic 50mg
- Medroxyprogesterone acetate

Child Resistant Packaging

- CRC Rx containers may NOT be refilled
 - Throw away if plastic
 - Use NEW cap if glass
- Dual closure packages OK dispense as CRC
- Don't need CRC's for inpatients

Child Resistant Packaging

- Iron Products
- 1997 FDA Rule
 - 30mg or > of elemental iron
 - Blister packaging & TRP

Child Resistant Packaging

- Case: Army officer who traveled to areas where malaria was present so was ordered to take Chloroquin to prevent infection. Madigan Army Hospital pharmacy filled Rx using CRC container. Officer's grandchild found container in unsafe place, opened it and ingested several tablets resulting in brain damage and permanent vegetative state.

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Child Resistant Packaging

- Case continued: Family sued US Government saying that Officer should have been warned about extreme danger/toxicity to children associated with the drug.
- The federal judge found in favor of whom?
 - Government?
 - Family?

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U.S. Postal Service

- Formerly only VA could mail narcotics
- Rule was silent on other controlled subs.
- Now any pharmacy may mail any controlled substance
 - Inner container properly labeled
 - Outer container plain wrapper
 - May not indicate nature of contents

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FDA rules

- Expiration dates
 - All Rx drugs have expiration dates
 - Most OTC drugs have expiration dates
 - Drug expires on...
 - Misbranding to sell after expiration date
- Watch out when Rx computer system sets arbitrary one year exp. date. Will confuse and/or anger patient if differs from date on package

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Prescription Marketing Act of 1987 (PDMA)

- In 1970s & 80s Diversion of legend drugs was rampant!
- Detail persons & doctors sold samples to pharmacies who used them to fill Rx
- Small hospitals purchased well in excess of their own needs.
- There was an Rx underground economy

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Prescription Marketing Act of 1987 (PDMA)

- Pharmacists would remove the imprints that identified the drug as a “sample” so it could be resold. Using Acetone, abrasives, etc.
- The engine that made the system work was differential pricing by the drug manufacturers.
- Hospitals, NH pharmacies, Governments got much cheaper prices than community pharmacies.

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Prescription Drug Marketing Act of 1987

- States must license wholesaler distributors
- Prescription drugs may not be re-imported EXCEPT by Manufacturer or in emergency
- Bans sale, trade or purchase of Rx samples
- Mandate storage, handling, records-samples
- Bans trafficking or counterfeiting Rx coupons
- Prohibit resale drugs by hospitals, HCEntity

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Prescription Drug Marketing Act of 1987

- We thought this fixed the problem
 - Hospitals stopped selling excess to retail
 - Samples were prohibited in retail pharmacies
 - Drug companies tightened up on sample distribution even hired outside auditors to verify that detail persons are in compliance

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Prescription Drug Marketing Act of 1987

UNFORTUNATELY, people found loopholes in the law.

The PDMA did NOT prohibit manufacturers or wholesalers from selling to nursing home pharmacies at low contract prices. All the pharmacy had to do is sign a form stating that the drugs were intended to be used ONLY for nursing home patients.

No one checked to see if this was really the case.

Prescription Drug Marketing Act of 1987

All over the Country people were opening up “Closed Door Pharmacies” alleging they were supplying nursing homes.

The same folks also obtained a license to operate a wholesale drug company - usually in the same building.

Drugs bought by the pharmacy were diverted to the wholesale operation and then resold at a profit in the secondary wholesale market. Frequently these drugs ended up being sold to the major wholesalers.

Prescription Drug Marketing Act

- FDA must require pedigree to show where drug came from & who held it. BUT rule has been opposed by wholesalers for 18 YEARS!
- Authorized Distributors
- Unauthorized distributors
- FINALLY, FDA issued pedigree rules 2004
- FDA MAY soon require RFID technology for pedigree

Prescription Drug Marketing Act

- What finally got FDA moving?
- COUNTERFEITS
 - Counterfeit drugs started showing up in the same distribution channels as other diverted drugs.
 - Counterfeit Procrit, Serostim, Lipitor, etc. were distributed from the secondary wholesale distributors either directly to pharmacies and hospitals or through major wholesalers.

Prescription Drug Marketing Act

- New FDA rules on pedigree RFID
- Lots of arguments on what information should be contained in the chip.
- Start with most susceptible products
 - (See NABP Listing)

Prescription Drug Marketing Act

- Wholesale distribution now out of control AGAIN
- Florida had 1,400 Rx wholesalers- now has strong wholesaler rules
- WA has about 300 licensed (in & out of state)
- Secondary wholesale market
- Has fed into major wholesalers due to price
- FINALLY top 3 wholesalers have pledged to stop buying from secondary market.2005

Susceptible to Counterfeit, NABP list

- Crixivan
- Diflucan
- Epogen & Procrit
- Globulin, Immune
- Lamisil
- Lipitor
- Neupogen
- Neutropin
- Retrovir
- Resperdol
- Rocephin
- Serostim
- Viagra
- Viracept
- Zocor
- Zyprexa
- Etc.

Susceptible to Counterfeit, NABP list

- Mostly expensive drugs
- High demand
- Brand name
- As with currency counterfeiting, you don't counterfeit one dollar bills!

Prescription Drug Marketing Act

- NABP Activities
- Developed new model law & rules
- Developed Verified Accredited Wholesale Distributor Program (VAWD)
- Contracts with former DEA, FDA, & Board inspectors to do inspections
- Certify status to States upon request
- Charge Wholesalers - Save State resources
- Indiana & Oklahoma have adopted VAWD

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PDMA

- To whom a may hospital or health care entity* sell drugs?
 - To its own patients on prescription
 - To non-profit affiliates
 - Among hospitals/health care entities under common control
 - In an emergency or shortage to retail pharmacy
- *health care entity organization that provides health care in addition to pharmacy services (e.g., Group Health, UW Med Ctr, Spokane Heart Inst.)
- A Retail pharmacy is **NOT** a H.C. Entity

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Robinson-Patman Act

- Passed in the 1930's
- Allowed lower Rx prices for hospitals
- As hospitals developed outpatient services by filling outpatient Rx's etc.
- Some pharmacists thought hospital pharmacies were unfairly competing with community pharmacies **SO THEY SUED!**

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Robinson-Patman Act

- Abbott Labs et al v. Portland Retail Druggists Assn. 425 US 1 (1976) "Own use" provisions
 - Inpatients for use in hospital
 - Emergency room patients
 - Outpatient for use on the premises
 - Take home for continuation of therapy
 - Hospital employee or dependent
 - Staff physician for personal use or dependents

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Tamper Resistant Pkgs.

- NO TRP prior to 1982
- 10/82 Tylenol Extra Str. Chicago 7 deaths
- 2/86 Tylenol Caps, New York, 1 death
- 3/86 Contac Capsules, Extortion
- 6/86 Excedrin Extra Str, WA, 2 deaths
- 3/91 Sudafed 12 hour caps, WA 2 deaths

Tamper Resistant Pkgs.

- 21CFR211.132
- Required for ALL OTC's EXCEPT
- dermatological, dentifrice, insulin or throat lozenge product
- One tamper resistant feature
- Two piece capsules - Two tamper resistant features (Now these capsules have disappeared from OTC products)
- Label advises of what feature(s) used

Needles & Syringes

- Chapter 70.115 RCW
- Retailer must be satisfied that syringe to be used for a "legal" purpose
- Retailer is NOT required to sell syringes
- Chapter 69.50.412(5) Drug paraphernalia
- It is lawful for any person over 18 to possess sterile syringes & needles for the purpose of reducing blood-borne diseases.

Needles & Syringes, cont.

- Background
- Needle exchange program proposed in Spokane by local health dept.
- Prosecutor threatened to arrest participants
- Health district sued - BOP Amicus Brief
- WA Supreme Court decided that disease prevention trumped drug abuse prevention
- This legalized needle Exchange in WA

Needles & Syringes, cont.

- Background, cont.
- 2001 Legislator tried to expand use of sterile syringes for disease prevention
- Bill withdrawn after opposition surfaced
- 2002 tried again but opponents placed crippling amendments on bill
 - RPh would have to exchange syringes - for everybody
 - RPh would have to provide information on Disposal & information on drug treatment

Needles & Syringes, cont.

- Governor used line item veto to remove these amendments (Gov can veto whole sections of a bill but not anything smaller.) See Chapter 218 Laws of 02
- RCW 70.115 Syringes
- RCW 69.50.412 Criminal Drug Paraphernalia
- RCW 69.50.4121 Civil Drug Paraphernalia

Pseudoephedrine Issues

- Long history of issues
 - 1970's Ephedrine sold for abuse
 - 1970's Ephedrine sold as Look-Alike Controlled substances
 - 1980's Ephedrine sold in 25 KG drums as precursor to methamphetamine
 - 1988 Precursor Law
 - Crackdown on sales- records/reports req.

Pseudoephedrine Issues, cont

- Makers of plain ephedrine tabs & caps add guaiaphenisen label as "asthma drug"
- Meth cooks use this combo and plain pseudoephedrine to make meth
- States React
 - Limit ephedrine, pseudoephedrine & PPA

Meth & PPA

- Why include phenylpropanolamine (PPA) FDA removed it from the market a few years ago?
- BUT an illegal source could emerge
- May still be used for veterinary treatment
- What if drug company challenges ban?
- New laws cover all the bases.

Pseudoephedrine Issues, cont

- State reactions:
 - Washington 2003
 - Limits packages to 3 grams of EPP
 - Limit sales to 3 packages per sale
 - Provide some exemptions (liquids, pediatric drugs)
 - Everybody handling drug must be licensed
 - Limits on sales by wholesalers and non-pharmacies

Pseudoephedrine Issues, cont

- State reactions:
 - Washington 2003
 - Suspicious orders reports go to BOP (order exceeds 10% of OTC purchases in single sale to retailer)
 - Board reviews stats
 - 400+/- shopkeepers receive suspicious orders
 - Board proposes additional restrictions to legislature

Pseudoephedrine Issues, cont

- State reactions:
 - Washington 2004
 - Limits on sales by non-pharmacies
 - Shopkeeper keep rec't & sales records and make available to Law Enf. & BOP
 - Not exceed 10% of sales in EPP vs all OTC
 - 15% in cough/cold months

Pseudoephedrine Issues, cont

- State reactions:
 - Oklahoma 2004
 - EPP products are schedule V
 - Only sold in pharmacies
 - Walgreens fails to comply
 - Walgreens hit with \$ 2,000,000 fine
 - Pharmacies get the message

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Pseudoephedrine Issues, cont

- Oregon
 - Temporary Rules (later incorporated in Law)
 - Single entity = pharmacy only sales
 - Combo products OK in other stores
 - Show ID and sign log
 - Legislative Action
 - Require prescription
 - Schedule III

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Pseudoephedrine Issues, cont

- State reactions:
 - Washington 2005
 - Reduce to 2 Pkg per 24 hours & Photo ID, DOB, >18
 - Central Location - Not accessible to public
 - Pilot project authorized
 - Maintain logs
 - Is it effective?
 - Most effective method for getting sales data
 - Start pilot by 1/1/2006
 - Work group to evaluate pilot
 - BOP reports back to Legislature 11/07

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Pseudoephedrine Issues, cont

- WSP or Assn of Sheriffs & Police Chiefs
 - May petition BOP for further restrictions IF
 - An EPP product is being converted to meth (e.g., gel caps)
 - BOP may adopt emergency rules to restrict a drug that was not restricted in original law
 - Mfr can petition for less restriction IF formulation may NOT be converted into meth.
 - Can't retaliate against employee who tries to comply in good faith
 - Pharmacy others can't be prosecuted if they made a good faith effort to comply with law.

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Pseudoephedrine Issues, cont

- State reactions:
 - Exemptions
 - Traditional Chinese herbal practitioners
 - BOP may exempt combo products IF they are NOT found to be used in mfg of Meth
 - Mfr may apply for exemption IF can show that the EPP can not be used to make Meth.
 - Liquids, liquid capsules or gel caps
 - Sales on Rx if patient profile is maintained

Misc. Federal Laws and Rules Summary

- We have discussed a number of federal laws and rules to determine how they affect the practice of pharmacy in WA. These included:
- Child-Resistant Packaging (CRC) with exemptions from these requirements
- PDMA, Robinson-Patman
- Tamper resistant packaging (TRP)
- Pseudoephedrine law/rule changes

Pharmacy's Role in Bioterrorism Response

Objectives

- 1. To determine what pharmacists need to do to prepare for a bioterrorism event
- 2. To discuss which State laws and rules might apply to bioterrorism response activities
- 3. To assist pharmacists to be better prepared to deal with a bioterrorism incident
- To describe recent bioterrorism planning and demonstration activities

Background

- NPS Planning in WA – 1999 - Present
 - Agencies involved:
 - DOH
 - CDC
 - Fed & State Emergency Management
 - Local Public Health
 - Local Fire Departments
 - PHS Office of Emergency Preparedness
 - WA State Pharmacy Association

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National Pharmaceutical Stockpile (NPS)

- Explained by CDC videotape
 - 12 Hour Push Package
 - Initial Drug Supply
 - Now supplemented with Unit of Use drugs
 - Tablet Counters (May not be needed)
 - IV's, other supplies & medical equipment
 - Vendor managed inventory
 - Back up supply
 - Ordered PRN by CDC based upon need

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Sea-King 2000 Exercise

- State-Local Communication
- Develop sufficient information for Governor to request NPS
- DOH to receive NPS
- Redistribute to LHJ
- Repackaging exercise?



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Repackaging – If needed

- Why
 - Financial issue
 - Stock Rotation Issue
- Personnel
 - Firefighters
 - Pharmacists
- Drugs
 - Acetaminophen 500mg (“Cipro”)
 - Multivitamin (“Doxycycline”)



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Repackaging, cont.

Methods:

- Manual Counting Tray
- Electronic Counter
- Volumetric

Problems:

- Counting to 5
- Handling drugs

Alternatives:

- Unit of Use
- Strip-packing
- Mail Order Pharmacy



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Dispensing Sites – Schools?

- **Initial treatment for first responders**
- **May see Large groups of people**
- **Consistent messages**
- **Security**
- **Parking**
- **Phones**
- **Utilities**
- **Support activities**



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Dispensing sites, cont.

- **Develop a template**
 - Provide to local public health
 - What is required
 - **Layout**
 - **Personnel**
 - **Equipment**
 - **Supplies**
 - **Where to get health professionals**
- **Transition to normal Rx distribution system**
 - **Wholesalers & Pharmacies**

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Dispensing sites, cont.

- **Examples (2000 & 2001)**
 - **Tacoma – Restaurant employee with Hepatitis A**
 - **Immune Globulin Injections for 4,000 patrons**
 - **Three days of operation**
 - **Seattle – Meningitis at middle school**
 - **Rifampin to students & teachers**
 - **Two days of operation**

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What do Boards need to think about?

- 1. Who can prescribe in the State?
- 2. Could State or Local Health Officer (MD) write a blanket Rx?
- 3. Could Governor or State Health Officer take control of drugs in pharmacies or wholesalers to reserve for the emergency (e.g. Cipro, etc.)?
- Who can dispense in public health emergencies?
- Do we need legislation?

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Law was to be proposed in Virginia 2002 Legislative Session

- **Be it enacted by the General Assembly of Virginia: 1. That § 54.1-3307.3 of the Code of Virginia is enacted as follows:**
- In the event of an occurrence which the Governor of Virginia has declared a disaster or a state of emergency, and where it is necessary to permit the provision of needed drugs, devices, and pharmacy services to the citizens of the Commonwealth, the Board of Pharmacy may waive applicable requirements of this chapter, Chapter 34 of Title 54.1, and of 18 VAC 110-20-10 et seq. as determined by the Board. (*NOTE: Apparently this did not pass.*)

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Model State Emergency Health Powers Act

- Proposed by:
 - CDC
 - Georgetown University
 - Johns Hopkins University
 - NOTE: THIS PROPOSED LAW HAS NOT BEEN INTRODUCED OR ENACTED

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Model State Emergency Health Powers Act, cont.

- Measures to detect & track potential and existing public health emergencies
 - Increased reporting of cases
 - Pharmacists Report
 - Unusual increase in certain Rx (fever, resp., GI)
 - Unusual increase in antibiotic Rx
 - Unusual increase in OTC (fever, respiratory, GI)
 - Any Rx used to treat uncommon disease with bioterrorism potential.
 - NOTE: WA is starting this reporting - voluntary

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Model State Emergency Health Powers Act, cont.

- Mandatory medical examinations
- Mandatory testing
- Health care provider assistance
- Use of providers from other jurisdictions
- Isolation/Quarantine
- Vaccinations & Treatment
- Liability protection

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Model State Emergency Health Powers Act, cont.

Control of Property

Take possession of buildings, health care facilities, etc.

Take control of food, drugs, health supplies, etc.

NOTE: We have seen this with flu vaccine

Take control of roads

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What drugs are already available in our State?

- Pharmacy Survey
 - 88% Response Rate
 - 85% had Cipro/Doxy
 - 180 Cipro
 - 500 Doxy
 - IV Meds 2% to 8% had in stock
 - 15% had injectable Schedule IV drug

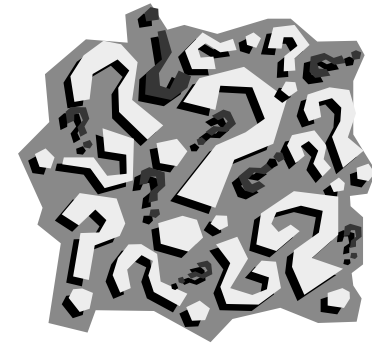


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Pharmacy Surveys

- How to survey?
 - FAX
 - Email
 - Mail
- What to ask?
 - Specific drugs
 - Unusual increases
 - OTC drug increases
- Could CS Monitoring systems help?



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Plans for an exercise

- Exercise planned for September 20-21, 2001 (NYC planned for 9/12)
- Metropolitan Medical Response System meeting (MMRS) (Use as “patients”)
- Would test receipt, repackaging, & dispensing sections of our plan.
- Postponed due to 9/11/2001
- Rescheduled for 1/24/02

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Plans for an exercise, cont.

- Receive at Boeing Field – County Owned
- UPS/FedEx availability
- Space available
 - Repackaging & Labeling (5 days supply)
 - Shipment of IV’s & supplies to hospitals
- BOP Pharmacists, DOH Volunteers, Local Public Health, Seattle Firefighters, CDC, PHS/OEP, Local Law Enforcement

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Plans for an exercise, cont.

- Dispensing Exercise
 - Triage (exposed?) (Worried but well)
 - Special needs (already ill, language, other)
 - Registration desk
 - Informed consent, Demographic, History, Allergies, CRC Waiver, etc.
 - Forms Complete – Go to Pharmacist
 - Pharmacist
 - Screen Forms to select correct drug (contraindications allergies, etc.)
 - Determine correct drug
 - Pass on to “Pharmacy Technician” for dispensing

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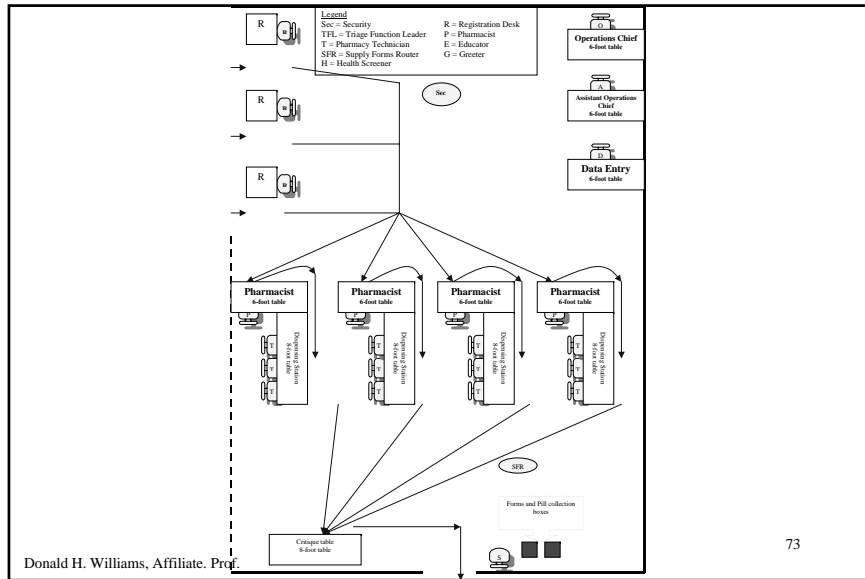
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Actual Demonstration

- Held at UW on Jan 24, 2002
- 13 Pharmacists 3 Non-pharmacists
 - Four teams of four people each
 - 2 Pharmacists intake-counsel
 - 2 Pharmacists dispensing
- About 100 patients per hour
 - Wanted 150

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Complete a separate form for each person who is seeking treatment. Antibiogram should be completed only if proper consent for antibiotic treatment is obtained. A responsible adult must accompany children less than 18 years of age and a parent or guardian must provide consent for treatment of children. All dates and times should be given in full. All patients must provide consent for the other services rendered.

Last Name		First Name		Sex	
Address	City	State	Zip		

Blank Phone () () () () () () () ()
Home Phone () () () () () () () ()
Cell Phone () () () () () () () ()
Date of Birth () () () () () () () () () ()
Age () () () () () () () () () ()
Sex () () () () () () () () () ()
M R
M A L E F E M A L E
Blood () () () () () () () () () ()
M O O T

Consent - I have been provided information about my (or my minor child/legal spouse's) exposure to _____ and confirm that I (or my minor child/legal spouse) have actually had an exposure to the disease. I understand that the antibiotics that are provided today are provided to prevent disease only and are not intended to treat illness due to this exposure. I understand the guidelines that could indicate illness due to the exposure and I understand that I should seek immediate medical care if I (or my child) develops symptoms of illness. I know that the recommended preventive treatment procedure is _____ dose. I understand that it is important to take the medication exactly as prescribed by the health care provider. I have been advised of the possible risks, complications, and anticipated benefits of the preventive treatment and the possible consequences of not taking preventive treatment.

I certify that this form has been fully explained to me, that I have read it, or have had it read to me, and that I understand its contents. I indicate my consent for treatment for myself (or my minor child) with the following signature.

Signature of Patient/Parent/Guardian/Legal Spouse _____ Date _____
Signature of Examiner (if applicable) _____ Date _____

If minor patient or an emancipated minor, include any previous health provider name indicate that minor is qualified to signify. Do not accept false qualification.

Please answer the following health assessment questions (CHECK RESPONSES)

Do you feel sick today? If yes, please describe:	<input type="radio"/> Yes <input type="radio"/> No	Do you have any of the following health conditions? * Kidney problems	<input type="radio"/> Yes <input type="radio"/> No
Chlorid by sick assessment? <input type="radio"/> Yes <input type="radio"/> No (not routine tests)	<input type="radio"/> Yes <input type="radio"/> No	* Liver problems	<input type="radio"/> Yes <input type="radio"/> No
Are you taking any of the following medications? * Antibiotic: If yes, which antibiotic and what is the dose? * Medicine (such as aspirin, Tylenol, etc.) * Vitamins or Iron Supplements * Blood thinner (such as coumadin)	<input type="radio"/> Yes <input type="radio"/> No	* Stomach or gut problems * Seizures or epilepsy * For women of childbearing age: * Are you pregnant? * Breastfeeding? * Taking birth control pills?	<input type="radio"/> Yes <input type="radio"/> No
* Allergic medicine, such as insulin * Allergy medicine, such as aspirin, Tylenol, etc.	<input type="radio"/> Yes <input type="radio"/> No	Have you ever taken any of the following: code, Acetaminophen, Phenobarbital, Valproic acid, or Dilantin? If yes, do you have any problems taking this medication?	<input type="radio"/> Yes <input type="radio"/> No
* Anesthetic * Glass medicine, such as procaine (Benzocaine)	<input type="radio"/> Yes <input type="radio"/> No	Do you have allergies to any antibiotics? If yes, which ones?	<input type="radio"/> Yes <input type="radio"/> No
* Cholesterol medication	<input type="radio"/> Yes <input type="radio"/> No		

See back of form.

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DISPENSING STAFF ONLY: Check medication dispensed

Last Name	First Name
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If not dispensed directly to patient, patient/guardian, then to whom?

Last Name	First Name	Telephone number
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Pharmacists-Please check the box for the antibiotic dispensed.

- Ciprofloxacin Hydrochloride 500 mg tablets
- Ciprofloxacin Hydrochloride oral suspension, 50 mg/ml
- Doxycycline Hydate 100 mg tablets
- Doxycycline Hydate oral suspension, 25 mg/5ml
- Doxycycline Calcium oral syrup
- Amoxicillin 250 mg oral tablets.
- Amoxicillin 250 mg/5 ml oral suspension
- Penicillin VK 500 mg oral tablets

Pharmacy technicians should indicate the patient name, date, and dispenser's name on all container labels.
Pharmacists should mark dosing syringes to indicate correct dose for all suspensions and indicate dose on container label.

NOTES

Dispenser's Signature	Date	Dispensing Clerk's Name	Serial number (See label)
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Dispensing, cont.

- Pharmacist issues:
- Contraindications
- Drug interactions
- Allergies
- Back up BC method?
- Pregnant/Nursing
- Patient Counseling

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Dispensing, cont.

- Pharmacy Technician
- Select pre-labeled container
- (Each Tech has access to 1 drug only)
- Add patient information (name, date, exp. Date, dispensing location ID)
- Maintain records & supply of drugs



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Sample Dispensing Label

Name: _____ Date: _____

Ciprofloxacin Tablets 500 mg #10

Take one tablet twice a day.

It is important to get this prescription refilled to continue treatment for 60 days.

Dr. State Health Officer Expiration Date _____

Washington State Department of Health Dispensing Unit # _____

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More questions for Boards of Pharmacy

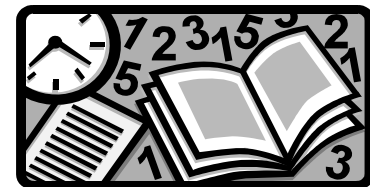
- How much info. Required on label at this time? (e.g., need serial numbers?)
- Can tech complete label after RPh counsels?
- What records must be maintained?
- Can pharmacists etc. from out of State come in to your State to practice?
- Where do you get enough pharmacists for the emergency?
- How do we transfer the CS from CDC to State to Local control? Paperwork? 222's?

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What did we learn?

- Need RPh in Education Sessions
- Need Express lane
- Need Rx Info at hand
- Prepare for questions
- Need person to get patients out after RPh finishes
- Improve record-keeping



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Summary

- Discussed Washington bioterrorism efforts
- Raised questions
- Action
 - Who is working on this in your community?
 - Share information with other pharmacists



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Are there any questions?



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