Module Two

Pharmacy Law

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## Important Pharmacy Laws

### Schedule of Important Pharmacy Laws

<table>
<thead>
<tr>
<th>Date</th>
<th>Law</th>
<th>Description of Main Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1906</td>
<td>Food and Drug Act</td>
<td>Prohibited Interstate Commerce in adulterated food, drink, and drugs.</td>
</tr>
<tr>
<td>1911</td>
<td>Sherley Amendment</td>
<td>Prohibited false claims about a drug’s therapeutic effects.</td>
</tr>
<tr>
<td>1914</td>
<td>Harrison Narcotic Act</td>
<td>Controlled the distribution and usage of narcotics.</td>
</tr>
<tr>
<td>1938</td>
<td>Food, Drug, and Cosmetic Act</td>
<td>Required manufacturers of new drugs to prove safety before marketing.</td>
</tr>
<tr>
<td>1950</td>
<td>Alberty Food Products vs. US</td>
<td>The purpose for which a drug is being used must be indicated on its labeling.</td>
</tr>
<tr>
<td>1951</td>
<td>Durham-Humphrey Amendment</td>
<td>Required “Caution: Federal Law prohibits dispensing without a prescription” to be on all prescription bottles.</td>
</tr>
<tr>
<td>1960</td>
<td>Federal Hazardous Substances Act</td>
<td>Required that all hazardous materials be handled cautiously and disposed of in a well-recognized container marked “Hazardous Material.”</td>
</tr>
<tr>
<td>1962</td>
<td>Kefauver-Harris Amendments</td>
<td>Manufacturers must prove the effectiveness and safety of drug before marketing.</td>
</tr>
<tr>
<td>1966</td>
<td>Fair Packaging and Labeling Act</td>
<td>Requires all consumer products in interstate to be properly labeled.</td>
</tr>
<tr>
<td>1970</td>
<td>Poison Prevention Packaging Act</td>
<td>Required the use of child-proof packaging on prescription drugs.</td>
</tr>
<tr>
<td>1970</td>
<td>Federal Controlled Substances Act</td>
<td>Regulates the manufacture, distribution, and sale of certain drugs that have a potential for abuse.</td>
</tr>
<tr>
<td>1976</td>
<td>Medical Device Act</td>
<td>Amendment to the FD&amp;C Act to provide reasonable assurance of the safety and efficacy of medical devices.</td>
</tr>
<tr>
<td>1982</td>
<td>Federal Anti-Tampering Act</td>
<td>Makes it a federal offense to tamper with consumer products and gives enforcement authority to the FBI, the Department of Agriculture, and the FDA.</td>
</tr>
<tr>
<td>1983</td>
<td>Orphan Drug Act</td>
<td>Provides incentives to promote research, approval and marketing of drugs for rare diseases.</td>
</tr>
<tr>
<td>Year</td>
<td>Act</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1984</td>
<td>Hatch-Waxman Act</td>
<td>Provides up to five years extension on a patent once the patent on a brand-name drug expires.</td>
</tr>
<tr>
<td>1987</td>
<td>Prescription Drug Marketing Act</td>
<td>Amendment to the FD&amp;C Act to reduce the potential health risks that may result from the diversion of prescription drugs from legitimate commercial channels.</td>
</tr>
<tr>
<td>1990</td>
<td>Omnibus Budget Reconciliation Act (OBRA)</td>
<td>Required Pharmacists to counsel Medicaid patients on their medications.</td>
</tr>
<tr>
<td>1997</td>
<td>FDA Modernization Act</td>
<td>Changed the legend requirements to “Rx Only.”</td>
</tr>
<tr>
<td>1996</td>
<td>Health Insurance Portability and Accountability Act (HIPAA)</td>
<td>The first-ever federal privacy standards to protect patients’ medical records and other health information provided by health plans, doctors, hospitals, pharmacies and other health care providers. Took effect on April 14, 2003.</td>
</tr>
<tr>
<td>2002</td>
<td>Public Health Security and Bioterrorism Preparedness and Response Act</td>
<td>To improve the ability of the United States to prevent, prepare for, and respond to bioterrorists and other public health emergencies.</td>
</tr>
</tbody>
</table>
B. Federal Controlled Substances Act of 1970

- Controlled substances have to be registered with the Drug Enforcement Agency (DEA) through the Justice Department.
- Controlled substances schedules (C-I – C-V) indicate the control category of a drug with a potential for abuse.

i. Federal Controlled Substances Schedules

<table>
<thead>
<tr>
<th>SCHEDULE</th>
<th>CRITERIA</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-I</td>
<td>High Potential for Abuse. No Current Medical Use.</td>
<td>Heroin, LSD</td>
</tr>
<tr>
<td>C-II</td>
<td>High Potential for Abuse. Currently accepted for Medical Use.</td>
<td>Morphine, Cocaine, Amphetamine, Methadone</td>
</tr>
<tr>
<td>C-III</td>
<td>Less abuse potential than C-I or C-II. Currently accepted for Medical Use.</td>
<td>Opiates combined with non-narcotic analgesics</td>
</tr>
<tr>
<td>C-IV</td>
<td>Less abuse potential than C-I – C-III. Currently accepted for Medical Use.</td>
<td>Benzodiazepines, Phenobarbital</td>
</tr>
<tr>
<td>C-V</td>
<td>Limited abuse potential compared with C-I – C-IV substances. Currently accepted for medical use.</td>
<td>Buprenorphine Antitussives with limited amount of Codeine</td>
</tr>
</tbody>
</table>

- The scheduling of controlled substances differs in some states.
ii.  **Controlled Substances Act Requirements**

<table>
<thead>
<tr>
<th>REQUIREMENTS</th>
<th>C-II</th>
<th>C-III – C-IV</th>
<th>C-V</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registration</strong></td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td><strong>Receiving Records</strong></td>
<td>Order Forms</td>
<td>Invoices</td>
<td>Invoices</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Signed</td>
<td>Written, Oral, Faxed</td>
<td>Written, Oral, Faxed</td>
</tr>
<tr>
<td><strong>Refills</strong></td>
<td>None</td>
<td>Five in 6-month period</td>
<td>As authorized by prescription</td>
</tr>
<tr>
<td><strong>Maintenance of Prescriptions</strong></td>
<td>File Separately</td>
<td>File Separately</td>
<td>File Separately; in a bound dispensing logbook</td>
</tr>
<tr>
<td><strong>Distribution between Registrants</strong></td>
<td>Order Forms</td>
<td>Invoices</td>
<td>Invoices</td>
</tr>
<tr>
<td><strong>Security</strong></td>
<td>Locked Cabinet</td>
<td>Dispersed</td>
<td>Other Secure Storage</td>
</tr>
</tbody>
</table>

iii.  **Further Requirements**

1. Theft or significant loss of a drug: Report immediately to the Board of Pharmacy and file DEA form 106b within 30 days.
2. Maintain all records for 2 years unless the state requires a longer period.
3. Emergency prescriptions require signed follow-up prescriptions.
4. Faxes may be used for home infusion and hospice patients.
5. Removal and disposal of a drug:
   a. Send back to the manufacturer or wholesaler who has a valid license.
   b. Dispose of C-II through C-V drugs in an incinerator. Contact the Board of Pharmacy in writing 14 days prior to the date of disposal. Witnesses must include the pharmacist employed by the pharmacy and a pharmacist not employed by the pharmacy where the disposal is taking place.
6. A prescriber cannot pre-date or post-date a prescription.
7. Do not use P.O. Box addresses on prescription labels.
C. Federal Laws Regulating Controlled Substances

i. Prescription Requirements for Controlled Substances

The following must appear on a prescription for a controlled substance:

✓ Patient’s full name and address.
✓ Practitioner’s name, address and DEA #.
✓ Drug name, strength, dosage form, quantity, directions, and refills.
✓ Controlled substances must be dated on the date of issuance.
✓ The prescription must be written in ink or typewritten and signed by the prescriber.

ii. Schedule II-V Prescriptions

• May be verbal, written, or faxed, and may be refilled if authorized by the prescriber.
• Schedule III & IV may be refilled up to 5 times within 6 months.
• Schedule V may be refilled as directed by the prescriber.
• Schedule II requires a written prescription by the prescriber that is signed and may not be refilled.

iii. Recordkeeping

• C-II drugs need to be ordered on DEA form 222.
• C-II hard copies (original prescriptions) need to be filed separately from all other hard copy prescriptions.
• All hard copy prescriptions need to be kept for 2 years from the date of the last refill.
• Security for controlled substances: locked cabinet, dispersed, other secure storage.
• Theft or Loss: Report immediately to the Board of Pharmacy and file DEA form 106d within 30 days.
D. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Federal standards began on April 14, 2003 for patient privacy protection. The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients’ personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers, or communicated orally.

i. HIPAA Provisions

- Access to Medical Records
- Notice of Privacy Practices
- Limits on use of personal medical information
- Prohibition on marketing
- Stronger State Laws
- Confidential Communications
- Complaints

ii. HIPAA as Applied to Health Plans and Providers

- Written Privacy Procedures
- Employee training and privacy officer
- Public Responsibilities
- Equivalent Requirements for Government

iii. HIPAA Outreach and Enforcement

- Guidance and technical assistance materials
- Conferences and Seminars
- Information Line
- Complaint investigations
- Civil and Criminal Penalties: Civil violators may face penalties up to $100.00 per violation and up to $25,000 per year. Criminal penalties can range from $50,000 to $250,000 and result in up to 10 years in prison.
E. **State Laws**

Each state enacts laws governing the manufacture, distribution, prescription, and dispensing of controlled substances. Pharmacists must comply with both federal regulations and the regulations in the state(s) in which they practice.

Such regulations may reside in different departments of the state, such as the Board of Pharmacy, the Department of Health, or Consumer Affairs.

F. **Law and the Pharmacy Technician**

Legal liability means you could be prosecuted for misconduct. This does not mean you intended to do wrong, however the failure to do something you should have done is called negligence.

Always remember to:

- ✓ Correctly label the prescriptions you are preparing.
- ✓ Always maintain patient confidentiality.
- ✓ Always do math calculations correctly.
- ✓ Dispense the right medicine for the right patient.
- ✓ Recognize expired drugs.
- ✓ Make sure you handle controlled substances correctly.
- ✓ Known the recordkeeping procedures in your pharmacy.

**Pharmacist Mutual** is a legal liability website offering pharmacy technician liability policies that meet the needs of today’s pharmacy technician.

www.phmic.com
G. **Sample Questions**

1. What act requires that all hazardous materials be handled cautiously and are disposed of in a well-recognized container?
   a. Food and Drug Act
   b. Harrison Narcotic Act
   c. Medical Device Act
   d. Federal Hazardous Substance Act

2. What act provides incentives to promote research, approval, and marketing of drugs for rare diseases?
   a. Hatch-Waxman Act
   b. Orphan Drug Act
   c. Controlled Substance Act
   d. Federal Anti-Tampering Act

3. The FDA Modernization Act changed the legend requirements on prescriptions to read what?
   a. Safety caps only
   b. New Caution label
   c. “Rx Only”
   d. Federal privacy standards

4. Controlled substances have to be registered with the Drug Enforcement Agency (DEA) through what department?
   a. Justice
   b. FD&C
   c. FDA
   d. Judicial

5. What controlled substance schedule has no medical use in the United States?
   a. C-I
   b. C-II
   c. C-III
   d. C-IV
6. What controlled substance schedule has the highest potential for abuse?
   a. C-V
   b. C-IV
   c. C-III
   d. C-II

7. How many refills are allowed on C-II prescriptions?
   a. 1
   b. 2
   c. 0
   d. 3

8. How may refills are allowed on C-III and C-IV prescriptions?
   a. Five within 6 months
   b. Two within 6 months
   c. Five within 12 months
   d. Two within 12 months

9. When theft or significant loss of a drug occurs, the pharmacist must report this immediately to the Board of Pharmacy and file what type of form?
   a. DEA form 222
   b. DEA form 106b
   c. DEA form 221
   d. DEA form 22-b

10. All C-I and C-II scheduled drugs need to be ordered on what form?
    a. DEA form 222
    b. DEA form 106b
    c. DEA form 221
    d. DEA form 22-b

11. Under HIPAA, criminal penalties can range from $50,000 to $250,000 and up to how many years in prison?
    a. 1
    b. 5
    c. 10
    d. 20
12. A pharmacy technician could be prosecuted for
   a. Misconduct
   b. Negligence
   c. Giving out medical advice
   d. All of the above
2. **Drug Development Process**

The drug development process has 3 phases and can take up to 17 years or longer.

Discovery – 2-10 years.
Preclinical Testing (laboratory and animal).

Phase I – several months.
20-80 healthy volunteers used to determine safety and dosage.

Phase II – several months to two years.
100-300 patient volunteers used to determine effectiveness and side effects.

Phase III – one to four years.
1,000-5,000 patient volunteers used to monitor adverse reactions to long-term use.

FDA review/approval.

Additional Post-market testing.

A. **Marketing Drugs**

This process can take up to 17 years or longer. Once approved by the FDA, a new brand drug is entered into the market. Once all of the research is paid back for the development, a generic drug can be marketed by other companies. All generic drugs have to be pharmaceutically and therapeutically equivalent to the brand drug listed in the Orange Book with the active ingredient, dosage form, route of administration, and strength.
B. **Investigational Drugs**

Investigational drugs are used in cases with life-threatening diseases.

Investigational drugs pass through three phases of testing, beginning with a small group of people and gradually increasing to include more subjects. Only about 25% of the drugs tested in phase I successfully complete phase III.

When investigational drugs expire, a pharmacy technician records the quantity of each lot number on the correct inventory record and returns the product to the sponsor (prescriber).

C. **Over-the-Counter (OTC) Drugs**

OTC drugs have to be approved by the FDA. Proper labeling of OTC drugs includes all active ingredients, amount of contents, warnings, direction for use, expiration date, and lot number.

D. **Look-Alike and Sound-Alike Drugs**

Federal law requires that containers do not look like another drug container. However, some drugs look alike and sound alike.

The safest way to check a drug before it is dispensed is to compare the National Drug Code number (NDC) on the original bottle from the manufacturer to the prescription label.
3. **The National Drug Code Number**

The National Drug Code (NDC) number is a unique number assigned by the company who is manufacturing the drug.

Example: 34468-2322-02

- 1\textsuperscript{st} five digits indicate the manufacturer.
- 2\textsuperscript{nd} four digits indicate the medication strength and dosage form.
- 3\textsuperscript{rd} two digits indicate the package size.

Sometimes manufacturers will use 4 digits for the first set of numbers, or 3 digits for the second set of numbers. If you need to order this drug, you would put a 0 (zero) in front of the 1\textsuperscript{st} or 2\textsuperscript{nd} sets of numbers before it can be translated in the computer system. Always use 5 digits, 4 digits, 2 digits.
4. **Drug Recalls**

A drug recall is the action taken to remove a drug from the market and return it to the manufacturer.

There are 3 classes of recalls:

- **Class I** - Causes serious adverse effects or death.
- **Class II** - Causes temporary adverse effects that are usually reversible.
- **Class III** - Not likely to cause adverse effects.

A. **FDA-Requested Recalls**

If the FDA requests a recall, the following steps would apply depending on the class:

- ✓ Report adverse effect to the FDA.
- ✓ FDA will contact the manufacturer.
- ✓ Manufacturer contacts wholesalers, retailers, and all consumer level.
- ✓ Personal phone calls or letters to customers using the recalled drug.
- ✓ Recalls are listed publicly in the weekly FDA enforcement report.
B. **Sample Questions**

1. How many phases are there in the drug development process?
   - a. 1
   - b. 2
   - c. 3
   - d. 4

2. Approximately how many years does the drug development process take before a drug can be marketed?
   - a. 10
   - b. 12
   - c. 15
   - d. 17

3. When an investigational drug expires, to whom is it returned?
   - a. Manufacturer
   - b. Wholesaler
   - c. Sponsor
   - d. Supply house

4. What is the safest way to verify that a drug is the correct medication before it is dispensed?
   - a. Generic name
   - b. NDC number
   - c. Manufacturer’s name
   - d. Ask another technician if this is the correct drug

5. What does the second group of numbers mean in the National Drug Code?
   - a. Package size
   - b. Manufacturer
   - c. Cost
   - d. Medication strength and dosage form

6. What is the most serious class of recall for a drug that can cause death?
   - a. Class I
   - b. Class II
   - c. Class III
   - d. Class IV
5. **Drug Enforcement Agency (DEA) Number**

DEA numbers are required by federal law but are administered by the states.

A DEA number is issued to all registered persons who order Control Substances I and II. If a physician has a surgical center and uses C-II drugs he or she has to be registered with the DEA to obtain a DEA number and DEA forms. If the surgical group has more than one physician, still only one physician within the group can sign the DEA form.

All pharmacies must have a DEA number to order from a wholesaler.

**A. Verifying DEA Numbers**

All DEA numbers have 2 letters followed by seven single-digit numbers.

The first letter should be either A or B (The reason we now have a B is because all of the letter and number sequences were used up and we have now started with the next letter in the alphabet). The second letter should be the first initial of the last name of the physician, pharmacy or hospital.

DEA numbers should always be on a prescription form.

To verify the correct DEA number, use the method below:

**Example:** Dr. Tom A. Rose  
DEA number is: AR4342793

First add the 1\textsuperscript{st}, 3\textsuperscript{rd}, 5\textsuperscript{th} numbers together: \[4 + 4 + 7 = 15\]  
Then add the 2\textsuperscript{nd}, 4\textsuperscript{th}, 6\textsuperscript{th} numbers together: \[3 + 2 + 9 = 14\]  
Then multiply the resulting 2\textsuperscript{nd} number by 2: \[14 \times 2 = 28\]  
Then add the two resulting numbers: \[15 + 28 = 43\]  
The resulting number 3 (on the right of 43) should be the same number as the last digit of the DEA number.
B. DEA FORM 222

- Used to order controlled substances CI and CII.
- Must be signed by a registered person.
- 3 copies
  - one copy to the DEA
  - one copy to the wholesaler
  - one copy to the person or facility placing the order

DEA Forms 222 are to be kept in a separate file from other invoices.

C-III through C-V drugs do not require DEA Form 222 to be filled out, although recordkeeping is required for all controlled substances.
C. Sample Questions

1. A DEA number is issued to registered ________?
   a. Physicians
   b. Retail pharmacies
   c. Hospital pharmacies
   d. All the above

2. What is the correct DEA number for Dr. Thomas Brown?
   a. AB2344992
   b. AT2344992
   c. BB4342793
   d. BA4342793

3. How many copies of DEA form 222 are submitted to different entities?
   a. 4
   b. 3
   c. 2
   d. 1
6. **Prescription Fraud**

How to Stop Drug Diversion and Protect Your Pharmacy.

A. **Types of Fraudulent Prescriptions**

- Stolen prescription pads.
- Prescription quantities altered for larger amounts.
- Altered telephone number for prescription verification.
- Used computer to duplicate prescription pad.
- Used acetone on pad to remove original ink and re-write prescription.

B. **Scrutinizing Prescriptions**

- Does it look too good?
- Is it a photocopy?
- Is it written in more than one color ink?
- Is it written entirely in the same handwriting?
- Do quantities, directions or dosage differ from standard medical usage or practice?
- Are the directions written in full with no abbreviations?
- Check the original date on the prescription. Has it been presented to you in a reasonable length of time since the prescriber wrote it?
- Does the prescription look as though it has been wet?

C. **Patterns of Possible Diversion**

- Prescriber writes unexpectedly large quantities.
- Diverter returns too frequently for refills.
- Diverter presents prescriptions for multiple drugs with abuse.
- Diverter presents prescriptions written in names of other people.
- Diverter does not use insurance card.
- Diverter pays in cash.
D. Preventing Diversion

The following are some important ways to prevent diversions.

- Encourage physicians to use tamper-resistant Prescription pads.

- Suggest that physicians write the quantity and strength in both numbers and letters.

- Know the prescriber, signature, and DEA number.

- Know your patient and their medication history.

- Request proper identification any time you are in doubt.

- If you believe that you have a forged, altered or counterfeited prescription, do not dispense it. Share your concern with the pharmacist in charge and call your local police department or state police.
E. **Sample Questions**

1. Which of the following is not a type of prescription fraud?
   a. Stolen prescription pads.
   b. Unable to read prescriber’s signature.
   c. Prescription quantities altered for larger amounts.
   d. Use of acetone on pad to remove original ink and re-writing prescription.

2. What is important to look for before filling a prescription?
   a. Is it a photocopy?
   b. Was it written in more than one color ink?
   c. Does the prescription look as though it has been wet?
   d. All the above.
7. **Healthcare Standard-Making Organizations**

**American Society of Health-System Pharmacists (ASHP)**
An accrediting organization for pharmacy residency and pharmacy technician training programs with pharmacists members in hospitals, long-term care facilities, HMO’s and other healthcare systems.

**Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**
Non-profit organization that sets standards and compliance for healthcare programs in the United States. JCAHO accredits healthcare facilities every three years and gives specific guidelines for every department within a hospital. Medicare requires this accreditation for reimbursement.

**The American Society for Consultant Pharmacists (ASCP)**
Sets standards for pharmacists who consult and distribute medications to nursing homes.

**The American Council on Pharmaceutical Education (ACPE)**
Sets standards for accreditation of continuing education programs for pharmacists and pharmacy technicians.
A. **Sample Question**

1. What non-profit organization sets standards and compliance for health care programs in the United States?
   a. ASCP
   b. ACPE
   c. JCAHO
   d. ASHP

2. What organization sets the standards for accreditation of continuing education programs for pharmacist and technicians?
   a. ASCP
   b. ACPE
   c. JCAHO
   d. ASHP
8. Pharmacy Resources

Drug Facts and Comparisons (DFC)
This book is the most commonly used reference in the pharmacy. It divides drugs into therapeutic groups, both prescription and over the counter. It is updated monthly with new and revised information.

Martindale
This reference book is used internationally with the best source of information on drugs, with monographs that provide information on actions and uses of drugs.

United States Pharmacopoeia Drug Information (USP DI)
This book provides clinical information on drugs in current use. It is divided into 3 volumes: drug information for the health care professional, advice for the patient, and approved drug products and legal requirements.

Handbook of Federal Drug Law
This handbook provides an understanding of federal drug law as it affects the practice of pharmacy.

AHFS Drug Information
This book is the authority for drug information questions. It groups drug monographs by their therapeutic use.

Handbook on Injectable Drugs
This handbook is a collection of monographs on parenteral drugs that includes stability, dosage, concentration, and compatibility information. Lawrence Trissel is the author of this book.

Physicians’ Desk Reference (PDR)
This reference book is used mainly by physicians and is published annually. It is a reference on pharmaceutical manufacturers’ drug package inserts.

The Merck Index
This is an encyclopedic source of chemical substance data, containing monographs referenced by trade, code, chemical, investigational and abbreviated drug names.
American Drug Index
This index is a cross reference of drugs by generic, brand and chemical names with indications and manufacturers.

Stedman’s Medical Dictionary
This dictionary is used in pharmacies for any medical word reference.

Orange Book
This is the common name used for the FDA’s Approved Drug Products Publication which provides abbreviations that are made up of 2 letter codes. Codes beginning with “A” signify that the product is deemed therapeutically equivalent to the reference product for the category. Codes beginning with “B” indicate that bioequivalence has not been confirmed. In some instances, a number is added to the end of the AB code to make it a three-character code (ex. AB3).

Handbook on Nonprescription Drugs
A comprehensive source for over-the-counter products.

Remington
The science and practice of pharmacy. Published every 5 years and used to cover all aspects of pharmacy for students, practitioners and researchers.

Goodman and Gilman’s
The pharmacological basics of therapeutics with an emphasis on clinical pharmacy practice.

Index Medicus (Medline)
This is the most comprehensive index of international medical literature.
www.nlm.nih.gov

Material Safety Data Sheets
Information on hazardous substances. Provides information on hazard, handling, clean-up, and first aid.

The Drug Topics Red Book or Blue Book
This book contains valuable information for the pharmacy. It contains drugs with the NDC number, retail price, average wholesale price (AWP), manufacturer, package size, drug interaction information and a directory for all manufactures. This book also contains the Orange Book codes.
MedWatch Form
A voluntary reporting system in which health professionals can report adverse events and product problems. This is the FDA medical products reporting program.

Other types of pharmacy information
Professional Practice Journals
Trade Journals
Newsletters
State Associations of Pharmacy
Websites

Pharmacy Technician Internet Sites
The Pharmacy Technician Certification Board
The Board which gives the National Pharmacy Technician Exam. Their website provides valuable links to other important sites for pharmacy technicians.
www.ptcb.org
A. Sample Questions

1. Which monthly-updated book is most commonly used in a pharmacy for therapeutic groups of drugs both prescription and over-the-counter?
   a. AHFS Drug Information
   b. Physicians” Desk Reference
   c. Drug Facts and Comparisons
   d. The Merck Index

2. Who is the author of the “Handbook on Injectable Drugs?”
   a. Lawrence Trissel
   b. John Gilman
   c. William Goodman
   d. Thomas Stedman

3. Which book is published every 5 years and is used to cover all aspects of pharmacy for students, practitioners and researchers?
   a. American Drug Index
   b. United States Pharmacopoeia Drug Information
   c. Goodman and Gilman
   d. Remington

4. Which data sheets are used to provide information on hazard, clean-up and first aid for hazardous substances?
   a. MedWatch
   b. Index Medicus
   c. Orange Book
   d. Material Safety

5. Which certification board gives the National Pharmacy Technician Exam?
   a. PTCB
   b. APhA
   c. AHFS
   d. DFC
9. **Answer Key for Sample Questions**

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