

March 2014



News

District of Columbia Board of Pharmacy

Published to promote compliance of pharmacy and drug law

899 N Capitol St NE, 2nd Floor • Washington, DC 20002

News from the District of Columbia Board of Pharmacy

Members of the District of Columbia Board of Pharmacy are:

Daphne B. Bernard, PharmD.....Chairperson
James C. Appleby, MPH, RPh.....Vice Chairperson
Paul Beringer, RPh.....Member
Darwin A. Curry.....Consumer Member
Alan Friedman, RPh.....Member
Tamara McCants, PharmD.....Member
Patricia D'Antonio, MS, MBA,
RPh, CGP.....Executive Director

The mayor appoints the Board members, including the chairperson. The Board consists of seven District of Columbia residents: five licensed pharmacists and two consumers. The pharmacists must have been engaged in practice for at least three years preceding appointment. The consumers must be at least 18 years old, not be health professionals or in training to become one, and may have no household member who is involved directly or indirectly in providing health care. Board members are appointed for a term of three years. Members may be appointed for two consecutive terms. Interested in serving as a member of the Board? Contact the mayor's [Office of Boards and Commissions](#).

Contact the Board! All queries regarding licensure and general information should be directed to Ms Karin Barron, health licensing specialist, at karin.barron@dc.gov.

Board website: <http://doh.dc.gov/bop>

Pharmaceutical Control Division website: <http://doh.dc.gov/pcd>

Notice of Change in Board Meeting Schedule

The Board has changed its regularly scheduled monthly meetings pursuant to §405 of the District of Columbia Health Occupations Revision Act of 1985, effective

March 25, 1986 (D.C. Law 6-99; D.C. Official Code §3-1204.05 (b)) (2009).

Beginning Thursday, January 2, 2014, the Board began holding open session (public) meetings on the even-numbered months of the year, ie, February, April, June, August, October, and December. On these months, the meetings will begin at 9:30 AM. These meetings are open to the public, including licensed pharmacists, where parties may share their comments pertaining to Board activities. All are invited to attend.

On the odd-numbered months of the year, ie, January, March, May, July, September, and November, the Board may meet in subcommittees and/or hold executive (closed) session meetings as needed. Pursuant to D.C. Official Code §2-575(b), and for the purposes set forth therein, these meetings are not open to the public.

The Board meets at 899 North Capitol Street NE, Second Floor, Washington, DC 20002.

Board Wins Survey of Pharmacy Law Luncheon Drawing

The Board was the recipient of the 2014 National Association of Boards of Pharmacy® *Survey of Pharmacy Law* luncheon for providing updates to the *Survey of Pharmacy Law* by the July 22, 2013 deadline. The award consisted of \$175 to be used toward a Board member and staff luncheon.

District of Columbia Pharmacist Authority to Administer Immunizations and Vaccinations

Flu season is here! To assist pharmacists providing immunizations to patients, the Board has updated the [frequently asked questions](#) (FAQs) document pertaining to a pharmacist's authority to immunize and vaccinate patients in the District of Columbia. Please take a few minutes to review this document as you consider providing this important service for the community. [Additional](#)



National Pharmacy

(Applicability of the contents of articles in the National Pharmacy Comp...
and can only be ascertained by examining the original source.)

Changes to Fentanyl Pain Patch Warnings Required by FDA

To reduce the risk of accidental exposure, Food and Drug Administration (FDA) has announced new requirements that change the appearance of fentanyl pain patch warnings to make them more visible. The change also requires new language in the warning that emphasizes the risk of death from accidental exposure, particularly in children. The announcement coincided with a Consumer Update that stressed the potential danger of improperly discarded fentanyl patches to children and pets. FDA reminded consumers of the agency's previous advice for securely storing unused patches and disposing of used fentanyl patches by folding the sticky sides together and then flushing them down the toilet. The agency also advises patients to cover in-use patches with an adhesive film to keep them from coming loose, and to regularly check patches to ensure they are securely in place. FDA offers additional information for health care providers on the "Fentanyl Transdermal System (marketed as Duragesic) Information" page, available at www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm114961.htm. Consumer information about safe drug disposal methods is also available on the AWARxE® Web site at www.AWARERX.ORG.

New: Free ISMP Medication Safety Alert! Newsletter for LTC Facilities



This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent nonprofit agency and federally certified patient safety organization 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 an 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.

In July, ISMP began publishing *Long-Term Care Advise-ERR*, a new ISMP Medication Safety Alert! newsletter for nurses and administrators in long-term care (LTC) facilities. ISMP receives error reports that have occurred in LTC facilities. The newsletter is provided free to LTC facilities in the United States thanks in part to corporate sponsorship from Lilly and for a nominal sub-

scription fee for pharmacies that service LTC facilities and others. Please visit ISMP's Web site at www.ismp.org/Newsletters/longtermcare for more information, and let your LTC facilities know about this free offer.

Here are a few excerpts from a recent issue.

Immediate Vs Extended Release Error

A physician called a LTC facility to change a resident's oxycodone order from an extended-release formulation to an immediate release formulation at the same dose and frequency. The nurse receiving the verbal order transcribed it as "Discontinue OxyContin 10 mg BID, Start OxyContin 10 mg IR BID," with "IR" meant to represent immediate release. Although OxyContin® is a brand of oxycodone, it is only available as an extended-release tablet. The pharmacy had previously been dispensing OxyContin for the resident, so the nurse thought she could communicate the prescriber's order by discontinuing the current OxyContin order and then ordering OxyContin as an immediate-release product. The pharmacy continued dispensing OxyContin. The differences between these products and formulations were brought to the attention of nursing staff via an in-service. To minimize the risk of confusion, do not attach modifiers such as "IR" for immediate-release or "RS" for regular strength unless it is part of the official drug name.

Errors Occur During Transitions of Care

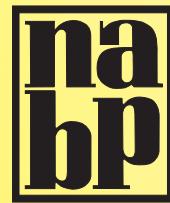
A pharmacist reported the following hazardous situation that can occur during a hospital to LTC transfer. Residents are often admitted to a LTC facility with a list of medications printed from the hospital pharmacy computer. On these printouts, doses are expressed along with the number of tablets. For example, the printout may list hydrochlorothiazide 50 mg/2 tablets daily for an order in which the total dose was 50 mg because the hospital only stocks the 25 mg tablets. During hospitalization the patient required two tablets for each dose; however, the LTC nurse may misinterpret the order to mean two 50 mg tablets, making the total dose 100 mg, or two times more than prescribed. This issue arises every time the resident's total dose in the hospital requires more than one tablet or capsule. Discharge medication summaries and transfer orders should only list the total dose in mg or mcg and other directions for use (ie, frequency, route, drug name) to avoid misinterpretation.

2013 USP Chapter <797> Compliance Survey Shows Compliance Trends Unchanged From 2012

The 2013 United States Pharmacopoeia (USP) Chapter <797> Compliance Survey, the third annual report released since 2011, shows that the overall compliance rate of 77.2% remains nearly unchanged from the 2012 rate. Budgetary restrictions and physical plant limitations were among the top challenges to compliance by survey respondents. The report also details the

Compliance News

pliance News to a particular state or jurisdiction should not be assumed
ng the law of such state or jurisdiction.)



survey's findings on what types of facilities are participating in compounding, and compliance in specific domain areas such as environmental sampling and gloved fingertip sampling. Of the survey's 1,045 participants, 97% of the survey's respondents said that USP Chapter <797> "has had a positive influence on patient safety." The report notes National Association of Boards of Pharmacy® (NABP®) efforts to assist state boards of pharmacy in evaluating pharmacy compliance with USP Chapter <797> requirements for sterile compounding in their states. The report also noted that those who participated in the 2011 survey had a higher compliance score than those who did not. The survey's authors encouraged pharmacy owners with multiple areas of noncompliance to target one or two areas to improve. They also encouraged organizations that participated in the survey to make use of the free Action Plan – generated upon completion of the survey – and other free resources to "reshape" their sterile compounding practices. The full report on the survey's results is available in the October 2013 issue of *Pharmacy Purchasing & Products Magazine* and on the magazine's Web site at www.pppmag.com/article/1403.

FDA Recommends Schedule II Classification for Hydrocodone Combination Products

FDA planned to submit a formal recommendation to reclassify hydrocodone combination products as Schedule II controlled substances to the Department of Health and Human Services by early December 2013. FDA expects the National Institute on Drug Abuse to concur with the recommendation, indicates a statement on the FDA Web site. FDA also indicates that while "the value of and access to these drugs has been a consistent source of public debate," the agency has "been challenged with determining how to balance the need to ensure continued access to those patients who rely on continuous pain relief while addressing the ongoing concerns about abuse and misuse." Drug Enforcement Administration makes the final decision about the appropriate scheduling of these drugs. In January 2013, FDA's Drug Safety and Risk Management Advisory Committee made a recommendation that hydrocodone combination products be classified as Schedule II drugs following a 19-to-10 vote that concluded a two-day meeting during which members discussed the potential for abuse and misuse of the medications and the potential impact of rescheduling the drug products. FDA's statement on the recommendation is available at www.fda.gov/Drugs/DrugSafety/ucm372089.htm.

New FDA Drug Info Rounds Training Videos Available

FDA Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and

community pharmacists so they can help patients make better medication decisions. In the latest two Drug Info Rounds videos, pharmacists discuss the review and approval of new drug names and the review of marketing and advertising materials for new drugs. The videos can be viewed at www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm368620.htm and www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm371785.htm, respectively. Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, and Division of Drug Information.

CPPA Developing Specialty Pharmacy Accreditation Program

The Center for Pharmacy Practice Accreditation® (CPPA) has announced the development of a new accreditation program for specialty pharmacy practices. CPPA Executive Director Lynnae Mahaney, MBA, RPh, FASHP, VHA-CM, indicates that "CPPA will be able to develop the new specialty pharmacy standards quickly and efficiently with the existing standards development methodology, infrastructure, and network of specialty pharmacy expertise."

CPPA is a partnership between the American Pharmacists Association, the American Society of Health-System Pharmacists, and NABP. CPPA develops and implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development, and maintenance of principles, policies, and standards. CPPA offers the general public and users of pharmacy services a means of identifying those pharmacies that satisfy the accreditation criteria and are focused on advancing patient care, safety, and quality.

More information may be found in the press release, available at www.pharmacypracticeaccredit.org/news/2013/10/cppa-to-develop-specialty-pharmacy-accreditation-program.



Pharmacists & Technicians:

Don't Miss Out on Valuable CPE Credit.

Set Up Your NABP e-Profile and Register for CPE Monitor Today!

Continuing pharmacy education (CPE) providers who are accredited by the Accreditation Council for Pharmacy Education (ACPE) have integrated CPE Monitor® into their systems and are requiring pharmacists and pharmacy technicians to provide a National Association of Boards of Pharmacy® (NABP®) e-Profile ID number and date of birth (MMDD) in order to process ACPE-accredited CPE credit.

Visit www.MyCPEmonitor.net to set up your NABP e-Profile and register for CPE Monitor and avoid possible delays in your CPE reporting.

CPE Monitor is a national collaborative service from NABP, ACPE, and ACPE providers that will allow licensees to track their completed CPE credit electronically.

Continued from page 1

information regarding a pharmacist's immunization authority can be found on the [Board's website](#).

Helpful Reminders

- ◆ Only pharmacists who have applied for and received a certification from the Board authorizing them to administer immunizations and vaccinations are permitted to administer immunizations. This is a separate process from applying for or renewing a pharmacist license.
- ◆ The application form for certification to administer immunizations and vaccinations is available on the Board website under the Immunization and Vaccination section.

Links

- ◆ Board website: <http://doh.dc.gov/bop>
- ◆ Board immunization information: <http://doh.dc.gov/node/185812>
- ◆ FAQs – immunization and vaccination for pharmacists in the District of Columbia: <http://doh.dc.gov/node/187282>

If you have any questions, please contact the Board in writing by sending an e-mail to Patricia D'Antonio, executive director, at patricia.dantonio@dc.gov.

Reporting Requirements to Pharmaceutical Control Division

Change of Pharmacist-in-Charge

Title 22 DCMR1902.8 requires the proprietor of a pharmacy, or other appropriate individual, to notify the director within 30 days after a change in the pharmacist-in-charge (PIC), director of pharmacy, or responsible nuclear pharmacist. If a change of PIC occurs at your pharmacy, notify the Pharmaceutical Control Division **in writing**. Include in the message the name of the current pharmacist on record, the new pharmacist's full name as it is written on the pharmacist's license, the pharmacist's license number, the name of the pharmacy as it appears on the pharmacy license, the pharmacy license number, and the effective date of the change in PIC. Send the document to the attention of the Pharmaceutical Control Division, 899 North Capitol NE, Second Floor, Washington, DC 20002.

Continuing Education Requirements for Pharmacists

Effective July 2009, pharmacists seeking to renew, reinstate, or reactivate their District of Columbia pharmacist license must:

- ◆ Complete a minimum of 40 contact hours of continuing education (CE) credit in approved programs, including:

- ◊ at least two hours in Human Immunodeficiency Virus training
- ◊ at least two hours in medication/dispensing errors training during the two-year period preceding the date the license expires;
- ◆ Attest to completion of the required CE credits on the renewal application form; and
- ◆ Be subject to a random audit.

A minimum of 10 contact hours of the required 40 CE credits shall be obtained by attendance at live CE programs.

Not more than 30 contact hours of CE credit may be accepted in any renewal period for approved home study or other mediated instruction CE courses.

This section shall not apply to applicants for an initial license by examination or reciprocity, nor does it apply to applicants for the first renewal of a license.

Questions? Refer to the [District of Columbia Municipal Regulations for Pharmacists](#), Section 6513, or contact Karin Barron, health licensing specialist, at karin.barron@dc.gov.

Adult Protective Services Mandatory Reporting Requirement

The Department of Human Services, Family Services Administration, Adult Protective Services (APS) has published a mandatory reporter's brochure and developed an accompanying curriculum. This is a district-wide initiative to better protect our vulnerable adult population 18 years and older, while informing and increasing awareness with regard to mandatory reporting of abuse, neglect, self-neglect, and financial exploitation. According to District Law §7-1903, all mandatory reporters **must immediately report** all suspected incidents of abuse, neglect, self-neglect, or exploitation to Department of Human Services, Family Services Administration, APS. Contact APS by dialing 202/541-3950, 24 hours a day, seven days a week. For more information, please contact Dr Sheila Jones, chief, APS, at 202/299-2155 or sheilay.jones@dc.gov, or Patricia Evans, senior advisor, Department of Human Resources, at 202/442-9639.

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