September 2017

District of Columbia Board of Pharmacy News

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News From the District of Columbia Board of Pharmacy

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

To contact the Board directly, visit the Board's website at *http://doh.dc.gov/bop*. Should you need to contact the Pharmaceutical Control Division, the website is *http://doh.dc.gov/pcd*.

Notice of Board Meeting Schedule

The Board holds open (public) session meetings on the even-numbered months of the year, ie, February, April, June, August, October, and December. In these months, the meetings 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.

In 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. Future open session meeting dates are:

- Thursday, November 2, 2017 - 9:30 AM (rescheduled from original October 5th date)
- Thursday, December 7, 2017 - 9:30 AM
- Thursday, February 1, 2018 - 9:30 AM
- Thursday, April 5, 2018 - 9:30 AM
- Thursday, June 7, 2018 - 9:30 AM
- Thursday, August 2, 2018 - 9:30 AM

DC Becomes First in the Nation to Require LGBTQ CE for all DC Health Professionals

Effective With the February 2019 Licensure Renewal Period

In February 2016, the Council of the District of Columbia unanimously passed groundbreaking legislation that requires all licensed health professionals in the District of Columbia to obtain lesbian, gay, bisexual, transgender, and queer (LGBTQ) cultural competency training.

The bill was introduced in early 2015 by Councilmembers David Grosso (I-At-Large) and Yvette Alexander (D-Ward 7). It requires all health professionals, including pharmacists, pharmacy technicians, pharmaceutical detailers, physicians, behavioral health providers, and dentists, to receive two credits of continuing education (CE) in LGBTQ subjects. The bill says the two credits of instruction would pertain to "cultural competency or specialized clinical training focusing on patients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer or questioning their sexual orientation or gender identity and expression (LGBTQ)."

"Over 66,000 LGBTQ citizens reside in D.C., and they deserve access to medical professionals who are sensitive to and knowledgeable about the unique health needs of the LGBTQ community," Grosso said in a statement.

Continued on page 4

WHO Launches Global Patient Safety Challenge on Medication Safety

To reduce severe, avoidable medication-associated harm in all countries by 50% over the next five years, the World Health Organization (WHO) has launched a worldwide initiative, the Global Patient Safety Challenge on Medication Safety. Medication errors cause at least one death every day and injure approximately 1.3 million people every year in the United States. In addition, low- and middle-income countries are estimated to have similar rates of medication-related adverse events as high-income countries.

The Global Patient Safety Challenge on Medication Safety aims to make improvements in each stage of the medication use process including prescribing, dispensing, administering, monitoring, and use. WHO intends to provide guidance and develop strategies, in addition to plans and tools to ensure that the medication process has the safety of patients at its core in all health care facilities.

Previous WHO Global Safety Challenges have included the Clean Care is Safer Care challenge on hand hygiene in 2005 and the Safe Surgery Saves Lives challenge in 2008. Additional information is available in the WHO press release available at *http://who.int/mediacentre/news/releases/2017/medication-related-errors/en.*

Continuous Quality Improvement and Patient Safety Organizations

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 provides legal protection and confidentiality for submitted patient safety data and error reports. Help others by reporting actual and potential medication errors to the ISMP National Medication Errors Reporting Program Report online at* www.ismp.org. *Email: ismpinfo@ismp.org.*

Data from the ISMP Medication Errors Reporting Program reveals that medication-related problems are repetitive in nature. An incident of misuse in one setting is likely to repeat itself in another. Most importantly, the system changes that are necessary to prevent errors are similar, and a growing body of literature is available to guide these efforts. Tragically, too many organizations and individual providers do not believe similar incidents could happen to them. They fail to use information about errors occurring elsewhere as a roadmap for improvement in their own organization or practice. It is not until a serious error hits home that aggressive prevention efforts are implemented. With so much evidence-based information about error prevention at hand, there is little excuse for reacting to errors after they happen instead of preventing them.

The development and implementation of continuous quality improvement (CQI) efforts should be the highest priority in all pharmacies. Such efforts must be aimed specifically at preventing well-known and repetitive dispensing errors. Pharmacies should seek out medication safety information and use it proactively to prevent medication errors. At the same time, safety issues recognized internally and/or reported by patients should be documented and analyzed, with a process to determine the best strategies to prevent future problems and methods to ensure implementation. An annual survey to assess consumer perceptions of the quality of pharmaceutical products and professional services could supply additional information upon which to base improvement strategies. For more information on CQI programs, visit Section 7 of Model Rules for the Practice of Pharmacy in *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy.*

Informational tools like the *ISMP Medication Safety Alert!* publication, or ISMP's *Quarterly Action Agenda,* which is a readily available list of medication problems compiled from the nation's reporting programs, can be a backbone of any CQI effort. The very purpose of the ISMP Medication Errors Reporting Program – indeed the purpose of any type of safety reporting program and the expert recommendations that stem from it – is to guide the implementation of quality improvement initiatives by practitioners and organizations.

It is important that certain information from the CQI proceedings and records of review be protected from discovery. Patient safety organizations (PSO) are organizations that share the goal of improving the quality and safety of health care delivery. Patient Safety Work Product (PSWP) is the information protected by the privilege and confidentiality protections of the Patient Safety Act and Patient Safety Rule. PSOs serve as independent, external experts who can collect, analyze, and aggregate PSWP locally, regionally, and nationally to develop insights into the underlying causes of patient safety events, thus improving quality by identifying and reducing the risks and hazards associated with patient care. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of patient safety events.

For more information on PSOs, visit *https://www.pso.ahrq.gov/faq.*

NCPDP Releases Guide to Ensure Patients Get Their Medications During a Disaster

The National Council for Prescription Drug Programs (NCPDP) released the *NCPDP Emergency Preparedness Information* guide to assist pharmacists and other health care providers during a declared emergency. Prepared by the NCPDP Emergency Preparedness Committee, the guide provides resource information for eligibility and claims processing affecting displaced individuals. The guide is available at *www.ncpdp.org/NCPDP/media/pdf/NCPDPEmergencyPreparednessInformation_v1_4.pdf.* Additional information for pharmacists about emergency preparedness is available on the NCPDP website at *www.ncpdp.org/Resources/Emergency-Preparedness.*

FDA Warns of Illnesses and Deaths in Pets Exposed to Fluorouracil

Food and Drug Administration (FDA) is alerting pharmacists that patients' pets are at risk of illness and death when exposed to the topical cancer medication fluorouracil cream USP 5% (5-FU) that is intended for use in people. Fluorouracil may also be marketed under the brand names Carac®, Efudex®, and

Fluoroplex®. Very small amounts could be dangerous to household pets; thus, patients should use care when applying and storing the medication. FDA has received reports of five dogs that became ill and died after accidentally ingesting the topical cream, notes a Center for Veterinary Medicine Update available at *www.fda.gov/AnimalVeterinary/NewsEvents/CVMUpdates/ucm537434.htm.*

Although FDA has not received any reports involving cats to date, cats are also expected to be extremely sensitive to fluorouracil cream. For instance, if an owner applies fluorouracil cream to an afflicted area and touches his or her cat, the cat may accidentally ingest the medication when grooming itself and suffer adverse events.

FDA advises that pharmacists who fill these prescriptions should advise patients with pets to prevent exposing their pet to the medication. Adverse events may be reported to FDA using the Form FDA 1932a, which may be obtained at *www.fda.gov/AnimalVeterinary/SafetyHealth/ReportaProblem/ucm055305.htm.*

FDA Revises Final Guidance Documents on Bulk Drug Substances Used in Compounding

In January 2017, FDA issued revised versions of two final guidance documents regarding the use of bulk drug substances in compounding.

- Interim Policy on Compounding Using Bulk Drug Substances Under Section 503A of the Federal Food, Drug, and Cosmetic Act
- Interim Policy on Compounding Using Bulk Drug Substances Under Section 503B of the Federal Food, Drug, and Cosmetic Act

FDA clarified that the policies described in the guidances do not apply to inactive ingredients. Inactive ingredients are not included in the definition of a "bulk drug substance" and can be used in compounding without appearing on the bulk drug substances lists developed under sections 503A or 503B of the Federal Food, Drug, and Cosmetic Act, if all applicable conditions are met.

As indicated on its website at *www.fda.gov/Drugs/DrugSafety/ucm502075.htm,* FDA will also provide regular updates to the categories of bulk drug substances described in the guidances. FDA previously stated that it would not evaluate new nominations for placement in one of the three categories until after it completed its review of substances already nominated with adequate supporting information.

Now, the guidances state that FDA will determine after submissions are received whether new nominations, including renominations of substances with additional supporting information, have sufficient information for FDA to review them. After making that determination, FDA will place nominated substances in the appropriate category on FDA's website. FDA intends to update the categories with any new nominations the first business day of each month. This revised policy will further minimize unnecessary disruptions to patient treatment while FDA develops the lists of bulk drug substances for use in compounding.

The guidances are available online at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469120.pdf* and *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM469122.pdf.*

APhA Resource Guide Applies JCPP Pharmacists' Patient Care Process to Immunization Services

The American Pharmacists Association (APhA) published a resource guide that applies the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process to pharmacy-based immunization services. The components of the Pharmacists' Patient Care Process to collect, assess, plan, implement, and follow-up should be implemented as routine practice along with the National Vaccine Advisory Committee Standards for Adult Immunization Practice, as noted in the resource guide, *Applying the Pharmacists' Patient Care Process to Immunization Services.* "[P]harmacists and other vaccine providers need to strive to constantly improve collaboration, communication, and documentation," indicates the APhA guide. For more information, visit the APhA Immunization Center at *www.pharmacist.com/immunization-center.*

CPE Training on Older Adult Fall Prevention Available Online

Developed in collaboration with the Centers for Disease Control and Prevention (CDC) and the APhA, the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative is offering continuing pharmacy education (CPE) training for pharmacists to prevent falls in adults 65 and older. The training will provide strategies to help pharmacists screen older adults for fall risk, conduct medication review and management, and offer patient education. To participate in the free online training, "STEADI: The Pharmacist's Role in Older Adult Fall Prevention," visit the CDC website at *www.cdc.gov/steadi/training.html* for more information.

New FDA Drug Info Rounds Training Video Addresses the Combat Methamphetamine Epidemic Act

Drug Info Rounds, a series of online videos by FDA, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the latest Drug Info Rounds video, "Combat Methamphetamine Epidemic Act," pharmacists discuss the legal requirements for the sale of over-the-counter drug products that contain pseudoephedrine. Drug Info Rounds was developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research (CDER), Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at *www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm.*

FDA Presents Series of CE Webinars for Students and Clinicians

FDA's Division of Drug Information in the CDER presents a series of continuing education (CE) webinars targeted toward students and health care providers who wish to learn more about FDA and drug regulation. The webinars are presented by FDA staff and allow participants to interact with staff. Previous webinar topics have included an overview of FDA's role in medication error prevention and prescription drug labeling. The webinars and presentation slides can be accessed on FDA's website at *www.fda.gov/DDIWebinars.*

Continued from page 1

Alexander, who previously chaired the Council's Health Committee, said the legislation is especially needed for the transgender community, which historically has experienced discrimination in seeking medical and mental health-related services.

"LGBT people face substantial systemic discrimination in healthcare due to a lack of understanding of the unique needs and challenges faced by the community," said Sarah Warbelow, legal director of the Human Rights Campaign, which coordinated a lobbying effort to help pass the bill. Warbelow went on to say, "Cultural competency training is critical to reducing healthcare disparities for LGBT people and improving access to high-quality healthcare, especially for transgender people."

The LGBTQ Cultural Competency Continuing Education Amendment Act of 2016 became effective April 6, 2016 (D.C. Law 21-95; 63 DCR 2203 (February 26, 2016)). This rulemaking was published in the *D.C. Register* on March 17, 2017, at 64 DCR 2793. The District of Columbia Department of Health (DOH) did not receive any comments in response to the notice. No changes have been made to the rulemaking. These rules were adopted as final on June 9, 2017, and will be effective upon publication of this notice in the *D.C. Register*.

Safe Medication Disposal Initiative

The District of Columbia Department of Behavioral Health (DBH) Substance Use Disorder Services, Office of Prevention Services has launched a new initiative and disseminated 100,000 medication deactivation pouches through a generous donation from a pharmaceutical company. The purpose of this initiative, which ran from January through June 2017, provided residents of the District of Columbia with a safe means for disposing unused medication.

Heretofore, the only options for getting rid of remaining medicine have been flushing it down the toilet, throwing it directly in the trash can, or traveling to a facility specializing in the safe disposal of medicine. Each pouch efficiently neutralizes up to 45 pills when it is filled with warm water, closed up, shaken for a few seconds, then tossed into the trash can.

In an effort to reach as many residents as possible, DBH has sought to establish partnerships within a number of arenas throughout the district. One of the key vehicles for distribution has been in engaging pharmacies that regularly fill prescriptions for opioid-based medications. The desire is that customers would receive medication deactivation pouches along with their medication. After using the needed amount of medicine, the pouches can be used for the safe disposal of any remaining pills or liquid.

If your pharmacy is interested in partnering with DBH/Office of Prevention Services on this initiative or receiving additional information, please contact DBH by email at valerie.jordan@dc.gov or via phone at 202/442-4241. There is no cost or obligation to participate.

Expected Code of Conduct for Pharmacy Technicians

Every profession would like to be recognized and respected for the value it brings to the community. Last year, in 2016, the District of Columbia began the process of registering pharmacy technicians. Through this process, DOH officials and current Board members have obtained a good sense of this workforce and what it has to offer the public.

"We are proud that so many of our pharmacy technicians are looking at the opportunity as a step towards becoming a pharmacist or one of many other health care professionals," says Mr Eddie Curry, Board consumer member. "It's especially encouraging to see our young adults stimulated by this line of work, striving to reach their full potential." The experience of working as a pharmacy technician will certainly afford the participants the opportunity to enhance their customer service skills, increase their knowledge about the pharmaceutical industry, and gain confidence as they render service to the community.

Dr Benjamin Miles, Board pharmacist member, notes that because pharmacy technicians play such a vital role in assisting pharmacists with the provision of pharmaceutical care, it is important that they adhere to a professional code of conduct at their workplace. The following characteristics are advised:

- The health and safety of the patient are always the pharmacy technician's primary consideration.
- Provide safe, competent, and high-quality pharmaceutical care through support of and assistance to the pharmacist.
- Respect the patients' rights to confidentiality in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and disclose pertinent information only under appropriate circumstances.
- Respect the expertise and judgment of pharmacists and other health care professionals.
- Adhere to the laws, and do not perform duties outside the scope of your practice.
- Treat all patients equally, regardless of age, race, gender, socioeconomic status, religion, sexual orientation, disability, etc.
- Maintain your competency by completing CE requirements outlined in the pharmacy technician regulations.
- Ensure the integrity and quality of all products dispensed to patients.

Finally, for many, the career path of becoming a pharmacy technician is synonymous with having a "second chance." Mr Curry offers the following, from Herbert Harris' book *The Twelve Universal Laws of Success,* as encouragement to all those along the road of success: "Be honest with yourself. Be able to relax. Have that winning feeling. Cultivate good habits. Aim to be happy. Unmask. Have compassion. Grow from your mistakes. Acknowledge your weaknesses. Be yourself. Never stop growing."

Board Licensees by the Numbers

Licensees as of August 7, 2017	
Pharmacists	1,900
Pharmacist Vaccination & Immunization Agents	524
Pharmacy Interns	648
Pharmacy Technicians	786
Pharmacy Technician Trainees	177
Pharmaceutical Detailers	1,164

PDMP: Frequently Asked Questions for Pharmacists

What Is the PDMP?

The Prescription Drug Monitoring Program (PDMP) is an electronic database used to track the prescribing and dispensing of controlled substances (CS) and drugs of concern (cyclobenzaprine/butalbital). The PDMP identifies and reduces the diversion of prescription drugs without impeding appropriate medical utilization of CS. It also provides prescribers with the prescription monitoring information needed to enhance patient care by assuring legitimate use of CS in all areas of health care.

How Can Pharmacists and Their Delegates Register for the PDMP?

All users must register individually to access the system. To begin the registration process, visit *https://districtofcolumbia.pmpaware.net/login* and click "Create an Account." Please also visit the District of Columbia PDMP website at *https://doh.dc.gov/service/prescription-drug-monitoring-program* to access the user guides, forms, notices, and regulations.

When Should Pharmacists Use the PDMP?

Dispensers are required to submit data for every prescription of a covered substance within 24 hours of dispensation. An exemption from reporting may be granted by submitting a waiver to doh.pdmp@dc.gov.

If a pharmacist suspects a patient of possible misuse, abuse, or overuse of CS, he or she should use the PDMP to access that patient's prescribing data and look for any red flags. The next step should be to contact the patient's prescribing physician.

Who Can Be a Pharmacist Delegate?

The delegate role for the PDMP is designed to enable a user to generate prescription data reports for another user. Pharmacists may have up to two health care professionals as delegates who are: (1) licensed, registered, or certified by a health occupations board; and (2) employed at the same location and under the direct supervision of the pharmacist. The delegate must submit his or her own application for registration, signed by the supervising pharmacist(s).

Is the DC PDMP Interoperable With Other States' PDMPs?

Yes, the District of Columbia's PDMP is connected to the databases of nine other states through the National Association of Boards of Pharmacy® PMP InterConnect® program. These states include Connecticut, Maryland, Massachusetts, Minnesota, New York, Pennsylvania, Rhode Island, Virginia, and West Virginia.

How Frequently Does My PDMP Password Need to Be Reset?

Your password will expire every 90 days, as required by HIPAA regulations. Please use the "Reset Password" link on the PMP AWAR$_X$E website at *https://districtofcolumbia.pmpaware.net/login* to update your account when needed.

The *District of Columbia Board of Pharmacy News* is published by the District of Columbia Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

Muriel Bowser - Mayor
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