



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, RPh.....Chairperson
- James C. Appleby, BS, RPh, MPH.....Vice Chairperson
- Alan Friedman, BS, RPh.....Member
- Tamara McCants, PharmD, RPh.....Member
- Benjamin E. Miles, BS, PharmD, RPh, BCPS.....Member
- Chikita Sanders.....Consumer Member
- Vacant.....Consumer Member
- Shauna White, PharmD, RPh, MS.....Executive Director

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, October 4, 2018 - 9:30 AM
- ◆ Thursday, December 6, 2018 - 9:30 AM
- ◆ Thursday, February 7, 2019 - 9:30 AM

- ◆ Thursday, April 4, 2019 - 9:30 AM
- ◆ Thursday, June 6, 2019 - 9:30 AM

Collaborative Practice Regulations

On Friday, August 17, 2018, regulations governing collaborative practice between physicians and pharmacists were published in the *District of Columbia Register* (DCR). A link to the published collaborative practice regulations, District of Columbia Municipal Regulation §17-100, can be found online at <https://www.dcregs.dc.gov/Common/NoticeDetail.aspx?NoticeId=N0072817>.

The collaborative practice regulations were published in accordance with the “Collaborative Care Expansion Amendment Act of 2012,” D.C. Official Code §3-1202.08 (h)(2)(2016 Repl.), which allows for both physicians and pharmacists to enter into collaborative agreements for purposes of initiating, modifying, or discontinuing a drug therapy.

Before participating in a collaborative agreement, licensees should review all of the requirements of the statute and regulations to ensure their practice meets the requirements.

Pharmacy Robberies

In the June 2017 Board-issued *Newsletter*, the Board provided information from Drug Enforcement Administration on how to prevent, handle, and respond to pharmacy robberies. So far, in 2018, the Board has been notified of eight pharmacy robberies in the District of Columbia. These robberies occurred at different times of day and consisted of two or more suspects. The Board encourages all pharmacies to review their safety protocols and procedures. For more safety tips please revisit the June 2017 *Newsletter* at <https://nabp.pharmacy/wp-content/uploads/2016/06/DC062017.pdf>.

National Pharmacy Compliance News

September 2018



NABPF

National Association of Boards
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

DEA Launches New Tool to Help Distributors Make Informed Decisions About Customers

In February 2018, Drug Enforcement Administration (DEA) launched a new tool to assist drug manufacturers and distributors with their regulatory obligations under the Controlled Substances Act. The agency added a new feature to its Automation of Reports and Consolidated Orders System (ARCOS) Online Reporting System, a comprehensive drug reporting system that monitors the flow of controlled substances (CS) from their point of manufacture through commercial distribution channels to the point of sale at the dispensing/retail level. This newly added function will allow the more than 1,500 DEA-registered manufacturers and distributors to view the number of registrants who have sold a particular CS to a prospective customer in the last six months.

DEA regulations require distributors to both “know their customer” and to develop a system to identify and report suspicious orders. Manufacturers and distributors have asked DEA for assistance in fulfilling these obligations and have requested ARCOS information to help them determine if new customers are purchasing excessive quantities of CS. This new tool will provide valuable information for distributors to consider as part of their assessment. More details are available in a news release at www.dea.gov/divisions/hq/2018/hq021418.shtml.

PTCB Launches Certified Compounded Sterile Preparation Technician Program

In January 2018, the Pharmacy Technician Certification Board (PTCB) launched the PTCB Certified Compounded Sterile Preparation Technician (CSPT) Program. To be eligible to apply, a technician must:

- ◆ Be a PTCB certified pharmacy technician (CPhT) in good standing; and
- ◆ Have completed either a PTCB-recognized sterile compounding education/training program and one year of continuous full-time compounded sterile preparation work experience, or three years of continuous full-time compounded sterile preparation work experience.

To earn CSPT Certification, eligible CPhTs are required to pass the CSPT Exam and submit competency attestation documentation from a qualified supervisor. The two-hour, 75-question CSPT Exam covers hazardous and nonhazardous compounded sterile products in the four domains of:

- ◆ Medications and components (17%);
- ◆ Facilities and equipment (22%);
- ◆ Sterile compounding procedures (53%); and
- ◆ Handling, packaging, storage, and disposal (8%).

The purpose of the Attestation Form is to document the candidate’s completion of required training and certain skill and competency assessments in such areas as aseptic technique, equipment cleaning, and use of personal protective equipment. More details about the CSPT Program are available on PTCB’s website at www.ptcb.org.

DEA Enables Mid-level Practitioners to Prescribe and Dispense Buprenorphine

In January 2018, DEA announced a deregulatory measure that will make it easier for residents of underserved areas to receive treatment for opioid addiction. Nurse practitioners and physician assistants can now become Drug Addiction Treatment Act-Waived qualifying practitioners, which gives them authority to prescribe and dispense the opioid maintenance drug buprenorphine from their offices. This final rule took effect January 22, 2018. More details about DEA’s amendments are available in a Federal Register notice titled “Implementation of the Provision of the Comprehensive Addiction and Recovery Act of 2016 Relating to the Dispensing of Narcotic Drugs for Opioid Use Disorder” (Document Number: 2018-01173).

New CDC Training Offers CPE on Antibiotic Stewardship

The Centers for Disease Control and Prevention’s (CDC’s) Office of Antibiotic Stewardship is offering free continuing education opportunities for health care professionals. Focused on judicious antibiotic prescribing and antibiotic resistance, the online training is offered in four sections, each with multiple modules. Section 1 of the “CDC Training on Antibiotic Stewardship” is open now and can be accessed at www.train.org/cdctrain/course/1075730/compilation.

Additional sections will be released throughout 2018. More information and resources about CDC’s national effort to help fight antibiotic resistance and improve antibiotic prescribing and use are available on CDC’s website at www.cdc.gov/antibiotic-use/index.html. CDC is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). This program meets the criteria for 0.258 CEUs of CPE credit. The ACPE Universal Activity Number is 0387-0000-18-031-H05-P.

Walmart to Provide Free Solution to Dispose of Medications With Schedule II Prescriptions

In partnership with Walmart, DisposeRx will provide a safe and easy way to neutralize unused, unwanted, or expired prescription opioids. DisposeRx developed a powdered product, also called DisposeRx, that permanently dissolves when

mixed with water and sequesters excess opioids and other drugs in a stiff, biodegradable gel that can be safely thrown in the trash. Walmart will provide a free packet of DisposeRx with every new Schedule II prescription filled at its 4,700 pharmacies nationwide. “This partnership with DisposeRx is an exciting opportunity for Walmart to protect the safety of its customers and public health. Unwanted or expired prescription medications left inside consumers’ medicine cabinets can be an easy source for those seeking to misuse or abuse a prescription drug,” said Pharmacy Clinical Services Manager for WalMart Health and Wellness and NABP Past President Jeanne D. Waggener, RPh, DPh. “We’re not just making it easy for patients to safely dispose of their medications, but we’re also helping prevent abuse before it starts.” Additional information is provided in a January 17, 2018 news release titled “Walmart Launches Groundbreaking Disposal Solution to Aid in Fight Against Opioid Abuse and Misuse.”

ASHP Research and Education Foundation Predicts Trends to Affect Pharmacy in 2018

In the 2018 Pharmacy Forecast: Strategic Planning Advice for Pharmacy Departments in Hospitals and Health Systems, the American Society of Health-System Pharmacists (ASHP) Research and Education Foundation provides guidance on eight topics that will challenge pharmacy practice leaders in hospitals and health systems. Published in the January 15, 2018 issue of American Journal of Health-System Pharmacy, the new report focuses on the following areas:

- ◆ Therapeutic innovation;
- ◆ Data, analytics, and technology;
- ◆ Business of pharmacy;
- ◆ Pharmacy and health-system leadership;
- ◆ Advanced pharmacy technician roles;
- ◆ Population health management;
- ◆ Public health imperatives; and
- ◆ Coping with uncertainty and chaos.

The 2018 report is available at www.ajhp.org/content/75/2/23.

USP Encourages Pharmacists to Help Patients Find Quality Dietary Supplements

Recall announcements, enforcement actions, and reports challenging the quality of dietary supplements are problematic issues facing pharmacists who want to ensure that the over-the-counter (OTC) products they are recommending to patients are of good quality. Many consumers purchase OTC dietary supplements and herbal products, often assuming they are regulated like prescription medications. While the law requires pharmaceuticals to meet specific quality standards set by the United States Pharmacopeial Convention (USP), the same requirements do not apply to supplements. For this reason, USP has created quality standards and a verification process specifically for these health products. Brands display-

ing the USP Verified Mark signal to the public that “what’s on their label is what’s in the bottle.” Health care practitioners can learn more about USP’s efforts at www.usp.org/dietary-supplements-herbal-medicines.

Further, USP Dietary Supplement Verification Services are available to manufacturers and brands worldwide. They include Good Manufacturing Practice facility auditing, product quality control and manufacturing product documentation review, and product testing. Manufacturers that are participating in USP’s verification program for dietary supplements can be found at www.usp.org/verification-services/program-participants.

New CPE Monitor Subscription Service Makes Licensure Compliance Easier

To help pharmacists easily monitor their CPE compliance, NABP partnered with the Accreditation Council for Pharmacy Education (ACPE) to expand CPE Monitor® by offering a new subscription service. Users can keep their free, Standard version of CPE Monitor or upgrade to the Plus subscription plan. Launched in April 2018, the new Plus plan enables pharmacists to perform a variety of advanced functions beyond the Standard plan, including:

- ◆ Verifying how much CPE credit must be earned to satisfy renewal requirements;
- ◆ Receiving alerts when a license is nearing the end of a CPE cycle;
- ◆ Uploading non-ACPE credits to a licensee’s e-Profile;
- ◆ Viewing consolidated transcripts for each state license;
- ◆ Connecting to My CPD, which allows licensees to maintain their continuing professional development (CPD) in one place; and
- ◆ Connecting to the Pharmacists’ Learning Assistance Network, where licensees can easily search for ACPE-approved courses.

The Plus subscription is available for an annual, renewable fee of \$29.95, regardless of how many licenses a pharmacist has or adds at a later date. It is only available via NABP’s new mobile app. Search for NABP e-Profile in [Google Play Store](#) (Android) or the [App Store](#) (iPhone).

The Standard plan is still available for free and can also be accessed via the app or a desktop by signing in with NABP e-Profile login credentials.

For more information, visit www.nabp.pharmacy/CPE.



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

Drug Disposal Bin Locations

Drug disposal bins are located at these pharmacies in the District:

- ◆ Walgreens Pharmacy #15953
1155 F St NW
Washington, DC 20004
- ◆ Walgreens Pharmacy #15360
801 7th St NW
Washington, DC 20001
- ◆ Walgreens Pharmacy #10071
1217 22nd St NW
Washington, DC 20037
- ◆ CVS Pharmacy #1364
6514 Georgia Ave NW
Washington, DC 20012
- ◆ CVS Pharmacy #22
320 40th St NE
Washington, DC 20019
- ◆ CVS Pharmacy #1347
6 Dupont Circle NW
Washington, DC 20036

Board Licensees by the Numbers

Licensees as of August 20, 2018

| | |
|--|-------|
| Pharmacists | 2,156 |
| Pharmacist Vaccination & Immunization Agents | 769 |
| Pharmacy Interns | 769 |
| Pharmacy Technicians | 1,020 |
| Pharmacy Technician Trainees | 236 |
| Pharmacy Technician Programs | 10 |
| Pharmaceutical Detailers | 660 |

LGBTQ CE for All DC Health Professionals: Effective With February 2019 Licensure

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 DCR on March 17, 2017 (64 DCR 2793). These rules were adopted as final on July 14, 2017.

The regulation requires all pharmacists to complete two hours of continuing education (CE) on cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression (LGBTQ).

Pharmacists are still required to complete a total of 40 contact hours of CE credit in approved programs during the two-year period. In addition, pharmacists must complete the cultural competency two-hour requirement, two hours in human immunodeficiency virus training, and two hours in medication/dispensing errors training. Ten hours of CE must be live CE credit hours. Pharmacists who are vaccination and immunization agents are responsible for completing two hours of CE relevant to the administration of vaccinations and immunizations.

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