June 2018

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

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 *https://dchealth.dc.gov/node/185772.* Should you need to contact the Pharmaceutical Control Division, the website is *https://dchealth.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, June 7, 2018 - 9:30 AM
- Thursday, August 2, 2018 - 9:30 AM
- Thursday, October 4, 2018 - 9:30 AM
- Thursday, December 6, 2018 - 9:30 AM
- Thursday, February 7, 2019 - 9:30 AM

New Department of Health Logo

After 22 years with roughly the same logo, the District of Columbia Department of Health (DOH) unveiled a new logo to project its brand.

DC | HEALTH

The new logo updates DOH's visual identity and makes a statement that it is not the same department as when the Council of the District of Columbia created it in 1996. DOH is now "DC Health." The familiar DOH logo will be replaced with the new DC Health logo. The DC Health mission is still to promote health, wellness, and equity across the District and protect the safety of residents, visitors, and those doing business in our nation's capital. Please be on the lookout for the new logo.

Board Hosts the 2018 NABP/AACP District 1 & 2 Meeting

On September 20-22, 2018, the Board will host members from 37 schools and colleges of pharmacy and 20 state boards and Canadian territories located in Districts 1 and 2 in the nation's capital for the annual district meeting. The joint district meetings of the National Association of Boards of Pharmacy® (NABP®) and the American Association of Colleges of Pharmacy (AACP) afford a unique opportunity to address not only professional issues affecting today's pharmacy practice, but also educational matters influencing tomorrow's pharmacists. Held annually, the NABP/AACP district meetings bring together members of the boards of pharmacy and faculty of the schools and colleges of

Continued on page 4

National Pharmacy Compliance News

June 2018

NABPF
National Association of Boards of Pharmacy Foundation

FDA Requires Labeling Update on Opioid-Containing Cough and Cold Medicines

In January 2018, Food and Drug Administration (FDA) announced that the agency is requiring safety labeling changes to limit the use of prescription opioid cough and cold medicines containing codeine or hydrocodone in children younger than 18 years old because the serious risks of these medicines outweigh their potential benefits in this population. After safety labeling changes are made, these products will no longer be indicated for use to treat cough in any pediatric population and will be labeled for use only in adults aged 18 years and older. In addition, labeling for the medications will be updated with additional safety information for adult use. This update will include an expanded Boxed Warning notifying consumers about the risks of misuse, abuse, addiction, overdose and death, and slowed or difficult breathing that can result from exposure to codeine or hydrocodone. Additional information is available in FDA's news release at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm592109.htm.*

Latest NDTA Shows Opioids Pose Significant Impact to Public Health

Drug Enforcement Administration (DEA) indicates a significant shift in the overall drug threat reported by law enforcement over the last 10 years with opioids (including controlled prescription drugs, fentanyl and other synthetic opioids, and heroin) reaching epidemic levels and impacting significant portions of the United States. According to the *2017 National Drug Threat Assessment (NDTA)* report, every year since 2001, controlled prescription drugs, specifically opioid analgesics, have been linked to the largest number of overdose deaths of any illicit drug class, outpacing those for cocaine and heroin combined.

From 2007 to 2010, responses to the National Drug Threat Survey indicate cocaine was the greatest national drug threat, followed by a significant decline as the heroin threat increased between 2010 and 2016, eventually becoming the greatest national drug threat in 2015.

Illicit fentanyl and other synthetic opioids, primarily sourced from China and Mexico and shipped directly to the US or trafficked overland via Mexico and Canada, are contributing factors in the current synthetic opioid overdose epidemic. Traffickers in the US usually mix fentanyl into heroin products and sometimes other illicit drugs or press it into counterfeit prescription pills, often without users' awareness, which leads to overdose incidents, notes the *2017 NDTA.* To access the *2017 NDTA,* visit *www.dea.gov/divisions/hq/2017/hq102317.shtml.*

FDA Recognizes Eight European Drug Regulatory Authorities Capable of Conducting Inspections

FDA has determined it will recognize eight European drug regulatory authorities as capable of conducting inspections of manufacturing facilities that meet FDA requirements. The eight regulatory authorities found to be capable are those located in Austria, Croatia, France, Italy, Malta, Spain, Sweden, and the United Kingdom. This achievement marks an important milestone to successful implementation and operationalization of the amended Pharmaceutical Annex to the 1998 US-European Union (EU) Mutual Recognition Agreement, which enables US and EU regulators to utilize each other's good manufacturing practice inspections of pharmaceutical manufacturing facilities. "By partnering with these countries, we can create greater efficiencies and better fulfill our public health goals, relying on the expertise of our colleagues and refocusing our resources on inspections in higher risk countries," said FDA Commissioner Scott Gottlieb, MD, in a news release located at *www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm583057.htm.*

Incorrect Use of Insulin Pens at Home Can Cause Severe Hyperglycemia

The National Coordinating Council for Medication Error Reporting and Prevention has issued an alert on the incorrect use of insulin pens at home causing severe hyperglycemia in patients, including one reported fatality. The Institute for Safe Medication Practices National Medication Errors Reporting Program has received several reports of patients who failed to remove the inner cover of standard insulin pen needles prior to administering insulin. In the latest such event, a patient with type 1 diabetes did not know to remove the standard needle cover and was unaware she was using the pen incorrectly and had not been receiving any of the insulin doses; the patient developed diabetic ketoacidosis as a result and died.

Since insulin pens may differ between pens with automatic needle retraction devices and those with standard needle covers that require manual removal before administering insulin, it is imperative that removal of

needle covers be explained to patients who are issued standard insulin pens during their diabetes education. Pharmacists should verify that a patient understands the appropriate administration technique whenever pens and insulin needles are dispensed, notes the alert, which can be viewed at *www.nccmerp.org/sites/default/files/nan-20171012.pdf.*

FDA Advises on Opioid Addiction Medications and Benzodiazepines

Opioid addiction medications – buprenorphine and methadone – should not be withheld from patients taking benzodiazepines or other drugs that depress the central nervous system (CNS), advises FDA. The combined use of these drugs increases the risk of serious side effects; however, the harm caused by untreated opioid addiction usually outweighs these risks. Careful medication management by health care providers can reduce these risks, notes a safety alert. FDA is requiring this information to be added to the buprenorphine and methadone drug labels along with detailed recommendations for minimizing the use of medication-assisted treatment drugs and benzodiazepines together.

Health care providers should take several actions and precautions and should develop a treatment plan when buprenorphine or methadone is used in combination with benzodiazepines or other CNS depressants. Additional information may be found at *www.fda.gov/Drugs/DrugSafety/ucm575307.htm.*

Only About 3% of Pharmacies and Other Entities Voluntarily Maintain a Prescription Drug Disposal Bin, GAO Reports

In response to the US Senate Judiciary Committee's request to review DEA's requirements for authorized collectors of prescription drugs and participation rates, the US Government Accountability Office (GAO) found that only about 3% of pharmacies and other entities eligible to collect unused prescription drugs for disposal have volunteered to do so. As of April 2017, 2,233 of the 89,550 eligible entities had registered with DEA to use disposal bins to collect unused prescription drugs. The majority of the authorized collectors were pharmacies, followed by hospitals or clinics. Factors that affected voluntary participation in maintaining disposal bins for the public included cost, uncertainty of proper implementation, and participation in other drug disposal efforts.

GAO found that participation rates varied by state. Connecticut, Missouri, and Maine had the lowest participation rates as of April 2017. North Dakota had the highest participation rate, followed by Alaska. The report, *Preventing Drug Abuse: Low Participation by Pharmacies and Other Entities as Voluntary Collectors of Unused Prescription Drugs,* is located on the GAO website at *www.gao.gov/products/GAO-18-25.*

One in Five Drivers Uses a Prescription Drug That Can Impair Driving Despite Receiving Warnings

A new study that analyzes data from the National Roadside Survey of Alcohol and Drug Use, 2013-2014, found that one in five drivers has taken prescription drugs that could impair driving despite having been warned about the risks. The authors of the study, "Receipt of Warnings Regarding Potentially Impairing Prescription Medications and Associated Risk Perceptions in a National Sample of U.S. Drivers," indicate that of the 7,405 random drivers who completed the prescription drug portion of the survey, almost 20% reported recent use (within the past two days) of a potentially impairing prescription drug.

Compared to people who were prescribed antidepressants (62.6%) and stimulants (57.7%), those who were prescribed sedatives (85.8%) and narcotics (85.1%) were most likely to report receiving warnings about the potential of these drugs to affect driving from their health care provider, pharmacy staff, or medication label.

Several European countries have introduced color-coded categories (ie, no, minor, moderate, and major influence on driving) to drug labeling to increase patient safety. Beyond labeling, the authors of the study note it is important that health care providers consistently communicate with patients about their medications' driving-related risks. The study was published online in the *Journal of Studies on Alcohol and Drugs* on October 31, 2017, and can be found at *https://doi.org/10.15288/jsad.2017.78.805.*

PTCB CPhT Program Earns Accreditation From the American National Standards Institute

The Pharmacy Technician Certification Board's (PTCB's) Certified Pharmacy Technician (CPhT) Program has earned accreditation from the American National Standards Institute (ANSI) Personnel Certification Accreditation Program through December 2022. ANSI is the first personnel certification accreditation body in the US to meet internationally accepted practices for accreditation. "We were the first pharmacy technician certification program to receive accreditation by the National Commission for Certifying Agencies (NCCA) in 2006, and now we are the first and only program to achieve ANSI accreditation," said PTCB Executive Director and Chief Executive Officer William Schimmel in a news release. More details are available in PTCB's December 18, 2017 news release, which can be found in the News Room section of *www.ptcb.org.*

Continued from page 1

pharmacy in each of the Association's eight districts to discuss regional issues of mutual concern as well as national issues affecting the districts.

For more information, visit *https://www.districtmeetingdc2018.com.*

Death With Dignity Program

In 2017 the District of Columbia passed the "Death with Dignity Act of 2016" (D.C. Official Code §7-661-01 et seq). The Death with Dignity Act provides for District of Columbia residents, qualified with a terminal disease, to die in a humane and peaceful manner through the voluntary use of prescribed medications. The District of Columbia Death with Dignity Program is operational and accepting patients.

DC Health is responsible for the implementation and regulation of the Death with Dignity Program. DC Health's primary responsibilities include providing educational resources about the death with dignity process and clarifying the requirements for physicians, patients, and pharmacists. Other departments and agencies within the District of Columbia government have roles in the law's implementation to facilitate coordination of services and emergency response if requested by a participating patient.

To fulfill its primary responsibilities, DC Health has launched a website *(https://dchealth.dc.gov/page/death-dignity-act-2016)* with instructions and forms for terminally ill patients, physicians, and pharmacists who wish to participate in the program. Physicians who choose to participate in the Death with Dignity Program must be licensed in the District of Columbia, sign up via the physician portal on the Death with Dignity Program website, and are encouraged to complete the physician training module. Patients who wish to participate must show proof of current residency in the District of Columbia, have a terminal illness that is expected to result in death within six months, and are encouraged to complete the patient training module.

The attending physician is responsible for delivering the prescription to a pharmacy located and registered in the District of Columbia. The prescription can be delivered personally, by telephone or facsimile, or electronically. The attending physician cannot give the prescription to the patient. Upon dispensing the covered medication, the pharmacist must immediately notify the attending physician electronically and email the Pharmacy Dispensing Record form to DC Health at deathwithdignitydc@dc.gov.

The Death with Dignity Program is a new and detailed process. DC Health encourages anyone with questions to review the materials on the program website, call 202/724-8800, or email deathwithdignitydc@dc.gov.

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

National Transportation Safety Board Alert

The National Transportation Safety Board has issued Safety Recommendation I-14-001, which recommends that all governmental agencies that license health care providers advise licensees who prescribe controlled substances (CS) to routinely speak with their patients about the possible safety implications of increased drug use in all modes of transportation.

When dispensing CS for pain, practitioners are encouraged to discuss with their patients the effects that their medical condition and medication use may have on their ability to safely operate a vehicle in any mode of transportation.

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
Shauna K. White, PharmD, RPh, MS - Executive Director
Daphne B. Bernard, PharmD, RPh - District News Editor
Carmen A. Catizone, MS, RPh, DPh - National News Editor & Executive Editor
Amy Suhajda - Communications Manager