June 2017

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:

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The District of Columbia mayor appoints each Board member, including the chairperson. The Board consists of seven District of Columbia residents: five licensed pharmacists and two consumer members. Each appointed pharmacist must have been engaged in practice for at least three years preceding appointment. The consumer members must be at least 18 years old, must 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 Talent and Appointments at *https://mota.dc.gov.*

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, August 3, 2017 - 9:30 AM
- Thursday, October 5, 2017 - 9:30 AM
- Thursday, December 7, 2017 - 9:30 AM

Pharmacy Robbery: Tips From DEA to Keep Your Customers and Yourself Safe

You likely recall your days in pharmacy school learning the aliquot method, the half-life of penicillin, and the mechanism of action of antipsychotics; however, I bet you cannot quite remember being taught what to do in case your pharmacy is robbed! We are all aware of the opioid abuse crisis that has spread across the country, making news headlines almost daily. Our colleagues, and primarily our pharmacists across the nation, are most affected by this epidemic. They are often the subjects of such robberies, perpetrated by brazen thieves for a quick score of drugs. These robberies take place in cities as well as in rural towns, and often occur in broad daylight. So, what

Continued on page 4

DEA Changes Registration Renewal Process

As of January 2017, Drug Enforcement Administration (DEA) will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

In addition, DEA will retain its current policy and procedures with respect to renewal and reinstatement of registration. The policy is described below.

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

Additional information is available on the DEA website at *www.deadiversion.usdoj.gov/drugreg/index.html.*

ISMP Medication Safety Self Assessment for Community/Ambulatory Pharmacy

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.*

Pharmacists in community and ambulatory settings can now access a newly revised tool that will help them review and improve their medication safety practices. The 2017 Institute for Safe Medication Practices (ISMP) Medication Safety Self Assessment® for Community/Ambulatory Pharmacy is designed to help pharmacies evaluate their current systems, proactively identify opportunities for improvement, and track their efforts over time.

An advisory panel of experts helped ISMP update items from the 2001 community/ambulatory self-assessment as well as add items to address new practices and processes, including the pharmacist's evolving role in immunization administration. New research findings about error prevention and emerging technologies previously not widely adopted are also covered.

The self-assessment contains items that address the use of medications in the clinical setting, many of which are on the ISMP list of high-alert medications. Many of the items included represent system improvements and safeguards that ISMP has recommended in response to analysis of medication errors reported to the ISMP Medication Errors Reporting Program, problems identified during on-site consultations with health care organizations, and guidelines in medical literature.

The self-assessment is divided into 10 key elements that most significantly influence safe medication use. Each element is defined by one or more core characteristics of a safe pharmacy system that further define a safe medication use system. Each core characteristic contains individual self-assessment items to help evaluate success with achieving each core characteristic.

ISMP recommends that each pharmacy site convene its own team of staff members (ie, pharmacist(s), technician(s), and student pharmacist(s)) to complete this comprehensive assessment and use the information as part of its ongoing safety and quality improvement efforts. An online form has been provided to help participants organize and score their responses. **Important:** The self-assessment should be completed in its entirety by staff and managers who work within the pharmacy, not by off-site managers on behalf of the pharmacy.

When the self-assessment is completed, respondents can generate reports showing how their pharmacy answered each item and how they scored on each as a percentage of the maximum possible score. The pharmacy can then use its scores to identify and prioritize opportunities for its safety plan of action.

ISMP is not a regulatory or standards-setting organization. As such, the self-assessment characteristics represent ideal practices and are not purported to represent a minimum standard of practice. Some of the self-assessment criteria represent innovative practices and system enhancements that are not widely available in pharmacies today. However, the value of these practices in reducing errors is grounded in expert analysis of medication errors, scientific research, or strong evidence of their ability to reduce errors.

To view, download, and print the PDF of the assessment, which includes the introduction, instructions for use, self-assessment items, and definitions, visit *https://www.ismp.org/Survey/NewMssacap/Index.asp.*

CDC Publishes Resource to Foster Use of JCPP Pharmacists' Patient Care Process

A publication intended to encourage the use of the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists' Patient Care Process was released by the Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention. In *Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists,* CDC calls on pharmacists and other health care providers to implement the Pharmacists' Patient Care Process model to reduce heart disease and stroke in the United States. Pharmacists can have a positive effect on population health by providing patient care services and participating in collaborative practice agreements and continuing education (CE) programs, notes the CDC publication. The publication is available at *www.cdc.gov/dhdsp/pubs/docs/pharmacist-resource-guide.pdf.*

The National Association of Boards of Pharmacy® (NABP®) is a member of JCPP and endorses the Pharmacists' Patient Care Process. In its September 2015 newsletter (page 167), NABP discusses integrating the JCPP Pharmacists' Patient Care Process to improve medication outcomes and promote consistency in patient care service delivery. Additional information about JCPP is available at *https://jcpp.net.*

FDA Issues Final Guidance on Repackaging Drugs by Pharmacies and Registered Outsourcing Facilities

In January 2017, Food and Drug Administration (FDA) issued a final guidance for industry titled, "Repackaging of Certain Human Drug Products by Pharmacies and Outsourcing Facilities." This guidance describes the conditions under which FDA does not intend to take action for violations of certain provisions of the Federal Food, Drug, and Cosmetic Act when a state-licensed pharmacy, a federal facility, or an outsourcing facility repackages certain human drug products. The guidance is available at *www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM434174.pdf.*

Electronic or written comments may be submitted at any time for this final guidance following the instructions provided in the *Federal Register,* which can be found at *www.federalregister.gov/documents/2017/01/13/2017-00723/repackaging-of-certain-human-drug-products-by-pharmacies-and-outsourcing-facilities-final-guidance.*

CriticalPoint Launches QP503A Certification Program for Sterile Compounding in 2017

In 2017, CriticalPoint, LLC, launched its QP503A certification program for sterile compounding personnel. Specifically, CriticalPoint is offering the QP503A Certification and the QP503A Master Certification, which may be earned after obtaining the basic QP503A Certification. Participants will gain vital knowledge and skills to successfully plan, develop, and operate a 503A pharmacy sterile compounding operation.

The QP503A Certification involves a didactic program of home study, live training, and practicum activities accompanied by required objective personnel and cognitive testing. The QP503A Master Certification requires participants to demonstrate their ability to apply their QP503A Certification training in actual work settings and produce measurable changes in sterile compounding processes resulting in improved patient safety.

Additional details about these programs and the certification requirements are available online at *www.criticalpoint.info/wp-content/uploads/CriticalPoint-QP503A-Certification.pdf.*

PTCB Suspends Implementation of Planned 2020 Accredited Education Requirement for Pharmacy Technicians

The Pharmacy Technician Certification Board (PTCB) is suspending the implementation of the accredited education requirement for pharmacy technicians. In 2013, PTCB announced that the requirement would take effect in 2020, but PTCB has "determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles," said Larry Wagenknecht, BPharm, chair of the PTCB Board of Governors, and chief executive officer of the Michigan Pharmacists Association, in a news release. The role of pharmacy technicians is evolving, and PTCB is taking steps to support the pharmacy community.

PTCB recently completed a job analysis study to collect data on current roles and responsibilities of pharmacy technicians across all practice settings to update PTCB's Pharmacy Technician Certification Exam and is in the process of developing advanced certification programs. In addition, PTCB hosted an invitational conference in February 2017 where pharmacy leaders and stakeholders examined entry-level standards and provided information to help determine future plans for implementing PTCB program changes.

PTCB's news release is available at *www.ptcb.org* in the News Room section.

ASOP Global Spreads Awareness About Illegal Online Drug Sellers and Counterfeit Medications

Alliance for Safe Online Pharmacies (ASOP Global) partnered with several nonprofit organizations, including NABP, to launch a campaign to raise awareness of illegal online drug sellers and counterfeit medications. The campaign encourages dialogue among health care providers and patients regarding where patients purchase their medications, especially if patients are buying them online.

After offering the CE course "Internet Drug Sellers: What Providers Need to Know" to over 1,000 health care providers, ASOP Global found that less than 10% of providers reported they were "very aware" counterfeit prescription drugs are being sold on the internet and only 1.4% said they regularly discuss the risks of illegal internet drug sellers with patients. ASOP Global Executive Director Libby Baney said, "After completing the course, however, there was a ten-fold increase in the expected frequency in which providers planned to discuss the risks associated with buying prescription medicines online with their patients and what they can do to avoid physical and financial harm."

For more information about the campaign, visit *www.BuySafeRx.pharmacy.*

New Interactive Map Tracks Pharmacist Vaccination Laws

A new resource – an interactive 50-state map tracking pharmacist vaccination laws between 1990 and 2016 – was published by The Policy Surveillance Program, A LawAtlas Project. The map, which is available at *http://lawatlas.org/datasets/pharmacist-vaccination,* explores laws that give pharmacists authority to administer vaccines and establish requirements for third-party vaccination authorization, patient age restrictions, and specific vaccination practice requirements, such as training, reporting, record keeping, notification, malpractice insurance, and emergency exceptions. The Policy Surveillance Program is administered by Temple University Beasley School of Law.

Continued from page 1

are you to do when a robber points a gun at you and yells, "Give me the Oxy!"? Now, more than ever, pharmacists can benefit from helpful tips provided by Drug Enforcement Administration (DEA) on what to do before, during, and after a pharmacy robbery.

Prevention Tips

- Install an alarm system and test it often.
- Install security cameras behind the cash register facing the front counter.
- Inspect cameras regularly to ensure they are functioning.
  - ◊ Properly store recorded data.
  - ◊ Install hold-up/duress buttons.
- Invite local police to conduct a security assessment.
- Learn the names of the officers who patrol your neighborhood and encourage them to stop by.
- Ensure there is adequate outside lighting and leave some lights on after closing.
- Change locks, alarm codes, and safe combinations when an employee leaves.
- Have at least two employees open and close the store.
- Try to greet customers as they enter your pharmacy. Your attention can discourage a robber.
- Watch for people hanging around and not buying anything.
- Beware of suspicious activity outside your business.

What to Do During a Robbery

- Do not resist! Cooperate fully with the robber.
- Remain calm and avoid sudden movements.
- Do exactly what you are told to do, nothing more and nothing less.
- Make mental notes on aspects of the robber (eg, clothing, hair length and color, size, build, tattoos, scars, and other body features).
- Do not attempt to apprehend the criminal yourself.

What to Do After a Robbery

- Immediately get treatment for anyone who may be injured.
- Sound the alarm as soon as possible.
- Call the police first, then your supervisor.
- Lock doors immediately to prevent re-entry and keep closed until police arrive.
- Request customers to remain in the store to give a statement to police.
- Protect the crime scene. Stop others from touching anything touched by the suspect(s).
- Do not trust your memory. The quicker you write down what you observed the better.
- If controlled drugs were taken, report it to your local DEA Field Office, in writing, within one business day and submit a completed DEA Form 106, Report of Theft or Loss of Controlled Substances, as soon as possible. A report should also be filed with the state board of pharmacy.

The information shared above was provided as a public service announcement by DEA in collaboration with the National Association of Boards of Pharmacy® (NABP®). The pamphlet can be downloaded or printed at *https://www.deadiversion.usdoj.gov/pubs/brochures/pharmtheft.pdf*. Information can also be found in the District of Columbia Municipal Regulations at *www.dcregs.dc.gov/Search/DCMRSearchByTitle.aspx,* or on the Board website in the section titled Laws and Regulations at *https://doh.dc.gov/node/157862.*

NABP 113th Annual Meeting May 20-23, 2017, in Orlando

Several members and staff of the Board attended the NABP 113th Annual Meeting in Orlando, FL! The Annual Meeting is always a great time for state boards to hear updates on national board issues while connecting with friends and colleagues from across the country. Session topics included expanded scopes of practice, specialty pharmacy, and United States Pharmacopeia General Chapter <800>, to name a few. In addition, an educational poster session was held, themed "Imagineering for the Protection of Public Health." Attendees also heard special remarks from keynote speaker, Howard Fineman, global editorial director of the Huffington Post Media Group.

Board Licensees by the Numbers

Licensees as of May 8, 2017	
Pharmacists	1,842
Pharmacy Interns	582
Pharmacy Technicians	749
Pharmacy Technician Trainees	161
Pharmaceutical Detailers	1,137

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.