December 2020

District of Columbia Board of Pharmacy News

Published to promote compliance of pharmacy and drug law

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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 its website at *www.dchealth.dc.gov/node/185772.* Should you need to contact the Pharmaceutical Control Division, its website is *www.dchealth.dc.gov/pcd.*

Notice of Board Meeting Schedule

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

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 meetings will be held via Webex during the coronavirus disease 2019 (COVID-19) public health emergency. The link will be posted on the Board website.

Future open session meeting dates are:

- Thursday, February 4, 2021 – 9:30 AM
- Thursday, April 1, 2021 – 9:30 AM
- Thursday, June 3, 2021 – 9:30 AM
- Thursday, August 5, 2021 – 9:30 AM
- Thursday, October 7, 2021 – 9:30 AM

Open House Update

In case you missed the Board's open house before the Board meeting in October, check out videos and learn more about DC Health's Pharmacy Division by visiting *www.powtoon.com/s/glaXtHZZTDT/1/m.*

Pharmacist and Pharmacy Technician License Renewal

It's that time again! Pharmacist and pharmacy technician license renewal is due on February 28, 2021. The portal for renewals will open early January 1, 2021. The renewal link will be posted on the Board website. This renewal cycle, pharmacists and pharmacy technicians will be required to include a National Association of Boards of Pharmacy® e-Profile ID number. If you do not already have one, create an e-Profile for no charge by visiting *dashboard.nabp.pharmacy.*

The license renewal fee for a pharmacist is $310, and $50 for vaccination and immunization authority. All renewals require an additional $50 for a criminal background check name search. The technician renewal fee is $50, with an additional $50 for the completion of a required criminal background check name search.

Pharmacist renewal requirements for this year include registration with the DC Prescription Drug Monitoring Program. If you have not registered yet, please register and create your account at *districtofcolumbia.pmpaware.net/login.*

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National Pharmacy Compliance News

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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.

FDA Recommends Health Care Providers Discuss Naloxone With Patients Receiving Opioids, OUD Treatment

Recognizing the importance of discussing naloxone with patients receiving opioids or medications to treat opioid use disorder (OUD), Food and Drug Administration (FDA) recommends that health care providers include such discussions as a routine part of prescribing these medications. Further, the agency is requiring label changes to these medications to include this recommendation. The revised labels will encourage health care providers to discuss the availability of naloxone with patients and caregivers, both when beginning and renewing treatment. The labeling changes also suggest that providers prescribe naloxone to patients being prescribed opioids who are at increased risk of opioid overdose.

"Even during this global pandemic, we have continued to prioritize addressing the opioid crisis," said FDA Commissioner Stephen M. Hahn, MD, in a press release. "Today's action can help further raise awareness about this potentially life-saving treatment for individuals that may be at greater risk of an overdose and those in the community most likely to observe an overdose. We will use all available tools to address this crisis, and we know efforts to increase access to naloxone have the potential to put an important medicine for combatting opioid overdose and death in the hands of those who need it most – those at increased risk of opioid overdose and their friends and family."

The complete list of changes is available through an July 2020 Drug Safety Communication.

Proposed Rule to Require Electronic Submission of DEA Form 106

A proposed rule requiring accurate electronic submission of DEA Form 106 was published by Drug Enforcement Administration (DEA) in the *Federal Register* on July 29, 2020. The form, used by DEA registrants to report thefts or significant losses of controlled substances (CS), would also need to be submitted within a 15-day time period under the proposed rule. DEA registrants who experience theft or loss of CS would still be required to notify the DEA Field Division Office in their area, in writing, within one business day of discovery. According to the announcement published in the *Federal Register,* this requirement will impact the remaining 0.5% of DEA Form 106 responses that are reported by paper.

Inappropriate FentaNYL Patch Prescriptions at Discharge for Opioid-Naïve, Elderly Patients

This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate. Have you experienced a medication error or close call? Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org *or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and FDA. To read more about the risk-reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert!® newsletters at* www.ismp.org.

ISMP recently heard from a long-term care (LTC) pharmacy about an increase in the prescribing of transdermal fenta**NYL** patches for elderly patients. In most cases, the pharmacists reviewing the patients' orders determined that the fenta**NYL** patches had been inappropriately prescribed for opioid-naïve patients, sometimes to treat acute pain rather than chronic pain. One of the more common underlying causes appears to be a knowledge deficit about the dangers of prescribing this opioid analgesic to opioid-naïve patients. Several of the events began in a hospital, with opioid-naïve patients receiving prescriptions for fenta**NYL** patches after treatment in an emergency department (ED) or upon discharge and transfer to a LTC facility. Prescribing a fenta**NYL** patch to elderly, opioid-naïve patients can result in fatal or life-threatening respiratory depression and overdose.

In one event, an 88-year-old resident from a LTC facility fell and was taken to a local hospital ED, where multiple rib fractures were diagnosed. Upon discharge

from the ED, the resident was prescribed a fenta**NYL** patch, 25 mcg/hour, every 72 hours. At the LTC facility, a consultant pharmacist reviewed the medication orders and the resident's medication history. The pharmacist determined that the resident had not received a prescription for opioids in the past year, revealing he was opioid-naïve. The consultant pharmacist contacted the prescribing ED physician to discuss the order for the fenta**NYL** patch. The ED physician reported that the resident had received "three small IV push doses" of fenta**NYL** in the ED, mistakenly believing this meant the resident was opioid-tolerant.

Additionally, the ED physician had prescribed the fenta**NYL** patch because the resident had a documented allergy to codeine. The ED physician mistakenly believed the fenta**NYL** patch was the only viable option. The consultant pharmacist clarified that the LTC records indicated that the resident had experienced mild nausea and an upset stomach while taking **HYDRO**codone and acetaminophen when he was younger, which is not an allergy but rather a mild intolerance. The ED physician changed the resident's analgesic to oral oxy**CODONE** 5 mg as needed every four to six hours.

Reliance on product labeling and practitioner education alone will not prevent life-threatening errors with fenta**NYL** patches. Yes, health care practitioners should be educated about safe prescribing, and their competency should be verified as a prerequisite to prescribing. But there will always be those who are unaware of the risks they take prescribing fenta**NYL** patches to opioid-naïve patients to treat acute pain. Thus, system safeguards must be established to avoid the risk of harm.

Fenta**NYL** patches should only be prescribed for patients who are opioid-tolerant with persistent, moderate-to-severe chronic pain that requires around-the-clock, long-term opioid administration. In 2018, ISMP called for the elimination of prescribing fenta**NYL** patches for opioid-naïve patients and/or patients with acute pain in our *Targeted Medication Safety Best Practices for Hospitals*. In 2020, this best practice was incorporated into a new best practice (No.15) to verify and document the patient's opioid status and type of pain before prescribing and dispensing extended-release opioids.

When entering discharge and transfer orders, interactive alerts requiring confirmation that the patient is opioid-tolerant and experiencing chronic pain might help prevent inappropriate prescribing, as might hard stops if patients do not meet prescribing criteria. Consider creating a daily list of discharge prescriptions and transfer orders for fenta**NYL** patches generated from the order entry system, and requiring a hospital pharmacist to review them to verify that the patient is opioid-tolerant and has chronic pain.

Engage patients. Educate all patients prescribed a fenta**NYL** patch and their caregivers about how to use the patch safely.

SAMHSA Health Privacy Rule Revised to Better Integrate, Coordinate Care for Patients With SUD

A revised Substance Abuse and Mental Health Services Administration (SAMHSA) rule will make it easier for people diagnosed with substance use disorders (SUDs) to receive integrated and coordinated care. The revisions to the agency's Confidentiality of Substance Use Disorder Patient Records regulation, 42 CFR Part 2, advances the integration of health care for individuals with SUDs while maintaining critical privacy and confidentiality protections.

According to a US Department of Health and Human Services (HHS) press release, under Part 2, a federally assisted SUD program may only disclose patient identifying information with the individual's written consent, as part of a court order, or under a few limited exceptions. In addition, health care providers, with patients' consent, will be able to more easily conduct quality improvement, claims management, patient safety, training, and program integrity efforts.

The revised rule modifies several major sections of Part 2, including provisions related to records, consent requirements, and research, among others. For a list of changes in the final rule, visit the HHS Fact Sheet.

HHS Assistant Secretary for Mental Health and Substance Use Elinore F. McCance-Katz, MD, PhD, the head of SAMHSA, further stated, "Modernizing 42 CFR Part 2 will strengthen the nation's efforts to reduce opioid misuse and abuse and to support patients and their families confronting substance use disorders. The rule will make it easier for primary care clinicians to treat individuals with substance use disorders."

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Pharmacists are also required to have completed 40 continuing education (CE) hours during the renewal period (March 1, 2019 – February 28, 2021). Of those 40 hours:

- At least two hours in human immunodeficiency virus (HIV)
- At least two hours in medication/dispensing errors
- At least two hours in cultural competency or specialized clinical training focusing on patients or clients who identify as lesbian, gay, bisexual, transgender, gender non-conforming, queer (LGBTQ), or question their sexual orientation or gender identity and expression

For this renewal period (March 1, 2019 – February 28, 2021,) the live hours requirement will be waived.

Pharmacists with a vaccination and immunization certificate will also need two hours of CE on immunizations.

Technicians are required to complete a total of 20 CE hours, which must consist of:

- At least two hours in pharmacy law
- At least two hours in medication safety
- At least two hours in cultural competency or specialized clinical training focusing on patients or clients who identify as LGBTQ, or question their sexual orientation or gender identity and expression

DCRx and the Opioid Learning Institute

For pharmacists and pharmacy technicians, the DC Center for Rational Prescribing (DCRx) provides CE hours for health care professionals for free. Each new module provides up to two hours of certified CE credits. Topics are practice-oriented and perfect for completing before the end of the renewal period. Implicit bias, medication errors, smoking cessation, and taking a sexual history to reduce HIV risk are just a few of the topics available to pharmacists and pharmacy technicians. Do not miss out on this opportunity to earn CE credits on relevant topics at no charge. The link to access the CE modules is available at *dchealth.dc.gov/dcrx.*

The Opioid Learning Institute has extended the CE credits available until October 7, 2021. To access the CE modules, visit *opioidhealth.org/educationtraining/elearning-courses-for-providers.* These courses are for health care professionals, and they provide information on safe and effective prescribing practices and care of patients with opioid use disorder in a variety of health care settings. The extension is perfect for pharmacists looking for additional CE credits before renewing their licenses. Do not miss out!

Flu Season 2020-2021

As the most accessible health care professionals, we as pharmacists can "flatten the curve" as it pertains to influenza (flu). According to the Centers for Disease Control and Prevention (CDC), influenza vaccination will be important to reduce influenza-related illnesses in the population and lessen the burden on the health care system during the COVID-19 pandemic. Other pertinent considerations regarding this flu season and COVID-19 from the CDC:

- Administration of vaccines is an essential medical service.
- Routine vaccinations should not be delayed by the COVID-19 pandemic.
- Annual flu vaccination is recommended for everyone six months of age and older with any licensed, age-appropriate vaccine if no contraindications exist.
- Flublok® and Flucelvax® are manufactured without the use of eggs.
- Vaccination should be postponed for people with suspected or confirmed COVID-19 regardless of present symptoms until quarantine criteria is discontinued.
- If influenza vaccine recipient develops a fever after vaccine, he or she should stay home until fever-free for 24 hours without the use of fever-reducing medications.
- For patients ages three through eight who received two doses of influenza vaccine prior to July 1, 2020:
  - ◊ if yes, will receive one dose of 2020-2021 influenza vaccine;
  - ◊ if no or unsure, should receive two doses of influenza vaccine administered at least four weeks apart.

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.

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