



# District of Columbia Board of Pharmacy

*Published to promote compliance of pharmacy and drug law*

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## News From the District of Columbia Board of Pharmacy

The District of Columbia Board of Pharmacy members are:

- Tamara McCants, PharmD, RPh.....Chairperson
- Alan Friedman, RPh.....Vice Chairperson
- Ashlee Bow, PharmD, RPh, AAHIVP.....Member
- Allison Hill, PharmD, RPh.....Member
- Benjamin E. Miles, PharmD, RPh, BCPS .....Member
- Gregory Cendana .....Consumer Member
- Vacant..... Consumer Member
- Shauna K. White, MS, PharmD, RPh...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](mailto:karin.barron@dc.gov).

To contact the Board directly, visit its website at [www.dchealth.dc.gov/node/185772](http://www.dchealth.dc.gov/node/185772). Should you need to contact the Pharmaceutical Control Division, its website is [www.doh.dc.gov/pcd](http://www.doh.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, June 3, 2021 – 9:30 AM
- ◆ Thursday, August 5, 2021 – 9:30 AM
- ◆ Thursday, October 7, 2021 – 9:30 AM
- ◆ Thursday, December 2, 2021 – 9:30 AM
- ◆ Thursday, February 3, 2022 – 9:30 AM

### Board Licensees by the Numbers

Licensees as of April 1, 2021

Pharmacists:	1,939
Pharmacist Vaccination & Immunization Authority:	649
Pharmacy Interns:	740
Pharmacy Technicians:	800
Pharmacy Technician Trainees:	125
Pharmacy Technician Programs:	14
Pharmaceutical Detailers:	666

### Breathing Exercises

As the Board reflects on being in a global pandemic for over a year, and how we are all continuing to navigate and adjust to additional care responsibilities, isolation, new ways of life, including physical distancing, mask wearing, and for some, getting their vaccinations, there are many tools and resources available to support you. Even in the midst of it all, breathing can help you feel grounded, handle stress, and build your lung capacity. Furthermore, breaths can serve as our reminder of the gift we have of being alive, the ability to be present in the moment, and give us something to be grateful for in all of the chaos.

# National Pharmacy Compliance News

April 2021



**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.

## Guidelines, Materials Available to Health Care Providers for Safely Administering COVID-19 Vaccines

Guidelines and materials are available to support health care providers with safely administering the coronavirus disease 2019 (COVID-19) vaccine, including safe practice recommendations from the Institute for Safe Medication Practices (ISMP) and a United States Pharmacopeia (USP) toolkit.

After numerous reports of errors or hazards associated with the administration of COVID-19 vaccines, ISMP is sharing [safe practice recommendations](#).

A new USP toolkit is also available to facilitate operational efficiencies that can help accelerate delivery and support safe handling of COVID-19 vaccines while maintaining quality and ultimately the public's trust. Download the USP [toolkit](#).

## FDA Issues Guidance to Protect Consumers From Methanol Poisoning

Food and Drug Administration (FDA) has issued guidance for industry, *Policy for Testing of Alcohol (Ethanol) and Isopropyl Alcohol for Methanol, Including During the Public Health Emergency (COVID-19)*. The guidance is intended to help pharmaceutical manufacturers and pharmacists who engage in drug compounding to avoid using pharmaceutical alcohol contaminated with or substituted with methanol in drug products. FDA noted that methanol is not an acceptable ingredient for any drug product and should not be used. The guidance is available on the FDA [website](#).

## Standardize Concentrations for Oral Liquid Preparations

*This column was prepared by 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](http://www.ismp.org) or by email to [ismpinfo@ismp.org](mailto: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](http://www.ismp.org).*

Few would disagree that standardizing the concentrations of drugs has enormous potential for increasing safety, especially

in pediatric care. Standardization limits the risk of variation, especially when patients are transitioned from hospital to home or have prescriptions filled at different pharmacies. However, ISMP has learned of multiple instances in which unrecognized differences or changes in drug concentrations led to confusion and dosing errors.

In one example, a patient was prescribed hydroxyurea, an antineoplastic agent. The community pharmacy compounded a 50 mg/mL suspension for the patient with instructions to take 13 mL (650 mg) for each dose. When the patient was later admitted to the hospital, the inpatient pharmacy prepared their standard concentration of 100 mg/mL, but the same dose volume of 13 mL was ordered. As a result, the patient received doses of 1,300 mg for several days before the error was recognized. It is unclear why the community pharmacy prepared a 50 mg/mL concentration. Perhaps the prescriber ordered that concentration or that was the concentration with which the pharmacist was most familiar.

Similar concentration mix-ups have been reported in literature. In one case, the oral class 1c antiarrhythmic medication flecainide was involved. The parents of a nine-month-old infant were told to increase the child's dose volume of flecainide to 4 mL, assuming the concentration was 5 mg/mL as in the original prescription.<sup>1</sup> However, the parents refilled the prescription at a different pharmacy and received the drug in a 20 mg/mL concentration. The patient received 80 mg/4 mL, a fourfold overdose, resulting in wide complex tachycardia and QRS prolongation.

There have been efforts, including those by a collaborative led by the University of Michigan<sup>2</sup> and the American Society of Health-System Pharmacists (ASHP)<sup>3</sup>, to publish lists of consensus and literature-based standard concentrations. In fact, for the medications involved in the cases above, both the University of Michigan and ASHP standard recommendations are in alignment – hydroxyurea 100 mg/mL and flecainide 20 mg/mL. However, the outreach and communication of these standardization efforts do not appear to be reaching prescribers and pharmacists. Both inpatient and outpatient practitioners need to get on the same set of standard concentrations for compounded oral liquids. It is imperative that both medical and pharmacy professional organizations develop and implement effective strategies to reach and influence practitioners to use the published standard concentrations. ISMP urges prescribers and pharmacists to review the University of Michigan and

ASHP lists and consider adopting the proposed standard concentrations. Your efforts can help reduce the risk of medication errors.

It is also important for pharmacists to provide patients or caregivers with appropriately sized metric-only dosing devices (eg, oral syringes) to measure and administer doses. Label directions for patients and caregivers should include the dose in terms of mL (not teaspoonfuls), matching the dosing device. The community pharmacy label should also include the concentration next to the drug name. To be sure patients or caregivers are able to use the dosing device and measure the proper dose, use the teach-back method to demonstrate how to measure and administer prescribed amounts. This also gives pharmacists, patients, and caregivers an opportunity to catch an error.

### References

1. Wang GS, Tham E, Maes J, et al. Flecainide toxicity in a pediatric patient due to differences in pharmacy compounding. *Int J Cardiol.* 2012;161(3):178-9.
2. [www.mipedscompounds.org/](http://www.mipedscompounds.org/)
3. [www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx](http://www.ashp.org/-/media/assets/pharmacy-practice/s4s/docs/Compound-Oral-Liquid.ashx)

### **Opioid Use Disorder Educational Programs, Resources Available for Pharmacists**

Through its Opioid Use Disorder (OUD) Education Program, the College of Psychiatric and Neurologic Pharmacists (CPNP) provides educational programs and resources that can help pharmacists during the ongoing opioid epidemic. These educational opportunities include Accreditation Council for Pharmacy Education-approved, on-demand programs covering subjects such as pharmacotherapy for OUD, comorbid disorders, and chronic pain and OUD. Toolkits and guides are available to assist pharmacists in the areas of intervention, medication management, and naloxone access.

These educational materials and resources can be accessed through the CPNP [website](#).

### **National Diabetes Prevention Program – How Pharmacists Can Get Involved**

Pharmacists can play a key role in preventing type 2 diabetes by helping to expand the reach of the National Diabetes Prevention Program (National DPP) – a program led by the Centers for Disease Control and Prevention (CDC) that makes it easier for patients with prediabetes or who are at risk for type 2 diabetes to participate in evidence-based lifestyle changing programs to reduce their risk and improve overall health. CDC offers an action guide for community pharmacists that outlines ways pharmacies can raise awareness of prediabetes. The National

DPP is a partnership among private and public organizations to screen and test for prediabetes and refer people with prediabetes to a CDC-recognized lifestyle change program participating in the National DPP, and deliver the National DPP lifestyle change program. More information about how pharmacists can participate is available on the CDC [website](#).

### **Surgery Patients Receive More Opioids in the US Than in Other Countries**

Patients in the US are prescribed a disproportionately higher number of opioids after surgeries compared to surgery patients in other countries, according to a new study. The study, published in the *Journal of the American College of Surgeons*, reviewed data from 2,024 surgery patients and found that 83% of US patients without pain were prescribed opioids, compared with 8.7% of non-US patients without pain. The authors concluded that US patients are prescribed more amounts of opioids at higher rates regardless of the severeness of their post-surgical pain. The authors recommend that more efforts are made toward ensuring that opioid prescriptions are tailored to patients' needs.

The full text of the study can be accessed by visiting [www.journalacs.org/article/S1072-7515\(20\)32336-X/fulltext](http://www.journalacs.org/article/S1072-7515(20)32336-X/fulltext).

### **Study Finds 94% Drop in Symptomatic COVID-19 Cases With Pfizer's Vaccine**

A study by Israel's largest health care provider, health maintenance organization Clalit, reported that there is a 94% drop in symptomatic COVID-19 cases with the Pfizer vaccine. The study represents 600,000 people who received two doses of the Pfizer COVID-19 vaccine in Israel. Clalit, which covers more than half of all Israelis, noted the same group who received the COVID-19 vaccine doses was also 92% less likely to develop serious illness from the virus. The study compared the vaccine recipient group to another group of the same size and medical history who had not received the vaccines. Read the full study [here](#).

### **NABP Executive Director/Secretary Addresses Pharmacists' Involvement in COVID-19 Vaccination During FIP Webinar**

NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, presented during the International Pharmaceutical Federation's (FIP's) Regulators' Forum on pharmacists' involvement with COVID-19 vaccination on February 4, 2021. The webinar addressed a new regulatory vaccination preparedness self-assessment tool and risk assessment, the expanded roles for pharmacists, and data FIP has collected on vaccinations by pharmacists. View the webinar [here](#).

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Here are some breathing exercises from the New York City Transformative Justice Hub. The Board invites you to do one or all of these exercises and adapt them as you see fit for your body and care.

- ◆ **4-7-8 breathing technique:** Exhale fully. Inhale through the nose for the count of four. Hold the breath for the count of seven. Exhale out the mouth for the count of eight. Repeat as many times as you would like.
- ◆ **Take cleansing breaths:** Exhale fully. Inhale through the nose. Exhale long and slow through the mouth (should be audible and might sound like an ocean wave or like fogging up a mirror). Repeat as needed, but do at least three.
- ◆ **Diaphragmatic/belly breathing:** Can be done sitting, standing, or laying down. If this is new to you, laying down is often the easiest way to engage with this breath. Place one hand on your belly, one hand on your heart. Exhale fully. Try to breathe in and out of your nose. Work to get your belly hand to move as much as possible, breathing deeply in, filling as much of the lung and belly space as possible, and then exhaling fully, releasing as much of the lung and belly space as possible. Repeat as needed.

### **Licensure Verification**

Now that the license renewal period has concluded, pharmacists-in-charge and/or pharmacy managers should go online and verify that all pharmacist and pharmacy technician licenses are active. Visit <https://doh.force.com/ver/s> and search by name, license number, or Social Security number to check that all of your pharmacy personnel have an active license.

### **The District of Columbia and the COVID-19 Vaccine**

As of March 31, 2021, 148 million doses of the COVID-19 vaccine had been given in the United States. Of that 148 million, 374,000 doses were given in the

District of Columbia. As of that date, 193,796 (28%) of the District's population had received at least one dose of the vaccine, and 97,469 (14%) of the District's population were fully vaccinated.

The Federal Retail Pharmacy Program for COVID-19 Vaccination is a collaboration between the federal government, states and territories, and 21 national pharmacy partners and independent pharmacy networks to increase access to COVID-19 vaccination across the US. The District is partnered with Albertsons Companies, Inc, and Retail Business Services, LLC, which include Safeway and Giant grocery stores.

In addition to the Federal Retail Pharmacy Program, Centers for Disease Control and Prevention (CDC) has also partnered with CVS, Walgreens, and Managed Health Care Associates, Inc, to offer on-site COVID-19 vaccination services for residents of nursing homes and assisted living facilities. This program allows priority, on-site vaccination of residents and staff.

Individuals interested in being vaccinated at their local pharmacy should check the pharmacy's website for offerings, <https://coronavirus.dc.gov>, or utilize CDC's vaccine finder tool to determine eligibility and availability.

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