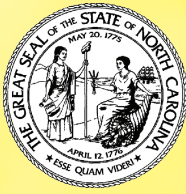


April 2021

News



North Carolina Board of Pharmacy

Published to promote compliance of pharmacy and drug law

6015 Farrington Rd, Suite 201 • Chapel Hill, NC 27517 • Tel: 919/246-1050
Fax: 919/246-1056 • www.ncbop.org

Item 2419 – Andy Bowman Elected to Second Term on the Board

Please join the North Carolina Board of Pharmacy in congratulating Dr Andrew “Andy” Bowman of Lillington, NC, for being elected by North Carolina pharmacists to the Southeastern District seat for a second term. The Board certified the election results at its March 2, 2021 meeting. Visit the following link to see the full results: http://www.ncbop.org/Election_files/NCBOPSEDistElectionResults-032121Final.pdf.

Between November 1, 2020, and March 1, 2021, 2,304 votes were cast. Dr Bowman received over 30% of the total votes cast, thereby garnering a substantial plurality of the votes. Once officially appointed by Governor Roy Cooper, Dr Bowman will begin his second term, effective May 1, 2021.

The Board expresses its heartfelt appreciation to the other candidates for Board membership: Wesley Hickman, Eric Lee, Bronson Lowery, Joey McLaughlin, Justin Sparrow, and Irv Trust. Their commitment to public service is evident by their candidacy and the showing of support that each garnered during the election.

Congratulations to Dr Bowman, and thank you to all North Carolina pharmacists who voted.

Item 2420 – Follow the Board Website for Continual Updates on COVID-Related Matters, Including Vaccination Process and Authority

Staff continue to frequently update the Board website on general coronavirus disease 2019 (COVID-19)-related matters and specifically on COVID-19 vaccination matters. Updates are posted on the home page of the website, then periodically consolidated in a general COVID-19 updates [section](#) and a COVID-19 vaccination-related updates and resources [section](#). Key updates are also included in a weekly email to all pharmacists.

Among the recent topics addressed:

- ◆ State Health Director Elizabeth Tilson issues revised standing order for COVID-19 vaccine administration

- ◆ United States Department of Health and Human Services (HHS) issues new Public Readiness and Emergency Preparedness Act (PREP Act) Declaration authorizing any qualified health care provider to prescribe, dispense, or administer COVID-19 vaccines in any state
- ◆ Supervision of pharmacy interns and qualified pharmacy technicians administering vaccines or assisting with vaccination efforts during the COVID-19 public health emergency
- ◆ US HHS issues Declaration under the PREP Act authorizing qualified pharmacy technicians to administer Advisory Committee on Immunization Practices-recommended vaccines to pediatric patients and COVID-19 vaccines to patients age three years or older
- ◆ Immunizing pharmacist continuing education (CE) requirements under US HHS PREP Act Declarations
- ◆ North Carolina Department of Health and Human Services (DHHS) information on provider enrollment in the COVID-19 vaccine management system

Please continue to monitor the website frequently for further updates.

Item 2421 – Pharmacist and Pharmacy Technician Immunization Training Opportunities

Board staff are happy to post information about immunization training programs for pharmacists and pharmacy technicians who need them to administer COVID-19 vaccines. Board staff collect those opportunities, when reported, at <http://www.ncbop.org/conted.htm>.

Any Accreditation Council for Pharmacy Education-accredited continuing pharmacy education provider who wishes to include vaccination training courses on this listing should contact Kristin Moore at kmoore@ncbop.org.

Item 2422 – Epidiolex Descheduled Under the North Carolina Controlled Substances Act

As pharmacists know, in August 2020, Drug Enforcement Administration completed a rulemaking that descheduled

continued on page 4

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 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.

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.¹ 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 Michigan² and the American Society of Health-System Pharmacists (ASHP)³, 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/
3. 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](#).

continued from page 1

Epidiolex® (previously a Schedule V controlled substance) under the federal Controlled Substances Act (CSA).

The North Carolina DHHS' Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services has completed its own rulemaking to deschedule Epidiolex under the North Carolina CSA. The amended rule removing "approved cannabidiol drugs" (eg, Epidiolex) from North Carolina's Schedule V is available at <https://files.nc.gov/ncoah/documents/Rules/RRC/02182021-Commission-for-Mental-Health-DD-SAS-Technical-Changes.pdf>.

The descheduling was effective March 1, 2021.

Item 2423 – All License, Permit, and Registration Renewal Periods for 2021 Have Ended

The deadline to renew all pharmacist licenses, physician assistant/nurse practitioner or dispensing physician registrations, or technician registrations for the current year

was March 1, 2021. Any license or registration that was not renewed was moved to inactive status.

Pharmacy and durable medical equipment permit holders who did not renew by the March 1, 2021 deadline were permitted to renew with a late penalty from March 2, 2021, through March 31, 2021. Any permit that was not renewed by March 31, 2021, was closed.

Page 4 – April 2021

The *North Carolina Board of Pharmacy News* is published by the North Carolina 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.

Jack W. "Jay" Campbell IV, JD, RPh - State News Editor
Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor
& Executive Editor

Amy Sanchez - Publications and Editorial Manager
