DEPARTMENT OF HEALTH

NOTICE OF EMERGENCY AND PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to Section 302(14) of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02 (14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of the adoption of the amendment of Subsection 6512.7 of Chapter 65 (Pharmacists) of Title 17 (Business, Occupations, and Professionals) of the District of Columbia Municipal Regulations (DCMR).

In the United States, respiratory syncytial virus (RSV) infections typically cause an estimated 60,000 – 160,000 hospitalizations, nationally, among adults aged sixty-five (65) and older each year. RSV usually causes illness in the US between October and April, peaking in December or January.

The respiratory syncytial virus (RSV) vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) and has been officially adopted by the Director of the Centers for Disease Control and Prevention. However, it is not yet included in the vaccine schedule. The ACIP vaccine schedule is typically updated annually, and is next expected to be updated in February 2024. The current regulations in place for pharmacists licensed in the District of Columbia, authorize certified pharmacists to administer, pursuant to a written protocol and standing order or prescription," any vaccination that the Advisory Committee on Immunization Practices ('ACIP') recommends according to ACIP's standard immunization schedule."

This rulemaking is necessary to continue to protect the health, safety, and welfare of the District's population ages sixty (60) and older, and those persons with chronic medical conditions or other underlying conditions or factors that a medical provider determines might increase the risk for severe RSV-associated respiratory disease. This rulemaking will permit pharmacists, who have been certified by the Board of Pharmacy to administer immunizations and vaccinations, to administer the RSV vaccine now in preparation for the anticipated peak of the illness. This rulemaking eliminates the need for District pharmacists to wait for RSV to be added to the ACIP standard immunization schedule in February 2024.

This rulemaking will also allow pharmacists to provide other recommended vaccines before being added to the ACIP vaccine schedule if a similar situation were to occur again. This rulemaking will allow for more flexibility for Pharmacists to Provide ACIP-recommended vaccines even if they have not yet made it on the ACIP Recommended vaccine schedule.

A Notice of Emergency and Proposed Rulemaking was published in the *District of Columbia Register* on October 6, 2023 at 70 DCR 13181. Those emergency rules were adopted on September 27, 2023 and became effective immediately on that date. No comments were received in response to the Notice of Emergency and Proposed Rulemaking. No changes have been made to the rulemaking. These final rules will be effective upon publication of this notice in the *District of Columbia Register*.

Section 6512, ADMINISTRATION OF IMMUNIZATIONS AND VACCINATIONS BY PHARMACISTS, of Chapter 65, PHARMACISTS, of Title 17, BUSINESS, OCCUPATIONS, AND PROFESSIONALS, of the DCMR is amended as follows:

Subparagraph 6512.7(c)(6) is amended to read as follows:

(6) Any person aged three (3) and older with parental consent, or valid identification if eighteen (18) or older or otherwise capable of consenting to the vaccination pursuant to Section 2 of the Consent for Vaccinations of Minors Amendment Act of 2022, effective March 10, 2023 (D.C. Law 24-12; D.C. Official Code § 7-1653.01), for any vaccination that the Advisory Committee on Immunization Practices ("ACIP") recommends according to ACIP's standard immunization schedule, or any vaccination that ACIP recommends that has been officially adopted by the Director of the Centers for Disease Control and Prevention; and

DEPARTMENT OF HEALTH
BOARD OF PHARMACY
BOARD OF MEDICINE

NOTICE OF FINAL RULEMAKING

The Board of Pharmacy and Board of Medicine jointly, pursuant to the authority set forth under Section 208(g-1) of the District of Columbia Health Occupations Revision Act of 1985 ("Act"), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1202.08(g-1)), as added by Section 2(c) of the Defending Access to Women's Health Care Services Amendment Act of 2018, effective March 28, 2018 (D.C. Law 22-75; 65 DCR 1374), hereby give notice of their adoption of the following amendment to Chapter 65 (Pharmacists) of Title 17 (Business, Occupations, and Professionals) of the District of Columbia Municipal Regulations ("DCMR").

The rulemaking adds a new Section 6517 (Self-Administered Hormonal Contraceptive Prescriptions) to Title 17 of the DCMR to implement the provisions of the Act which give authority to certain pharmacists to prescribe and dispense self-administered hormonal contraceptives under specific conditions. In accordance with the Act, the Board of Medicine and Board of Pharmacy have jointly developed these regulations.

A Notice of Proposed Rulemaking was published in the *District of Columbia Register* on May 26, 2023, at 70 DCR 007765. Comments were received from the Medical Society of DC ("MSDC"), CVS Health ("CVS"), and Albertson Companies ("Safeway Pharmacies" or "ACI") in response to the notice.

MSDC expressed several concerns with the rulemaking but did not propose any specific edits. CVS and ACI proposed several changes to the proposed rulemaking. The Board of Pharmacy and Board of Medicine ("Boards") did not accept any changes. A summary of the comments and the Boards' rationale for rejecting any proposed changes is as follows:

- Comment: MSDC is concerned about the thoroughness of the protocol and the development of the questionnaire (6517.1).

  The Boards' Response: In accordance with the statutory requirements, the questionnaire and protocol were developed by the committee composed of Board of Pharmacy and Board of Medicine members and based on the Centers for Disease Control and Prevention (CDC) Medical Eligibility Criteria. The questionnaire was further refined in particular by one of the physician members of the committee and then approved by the committee and both Boards. Thus the questionnaire was carefully developed with specific physician oversight, and, with the protocol was designed to identify concerning medical issues precluding the prescribing of hormonal contraceptives.

- Comment: CVS asked that pharmacies be allowed to create and implement their own electronic documentation process for the questionnaire (6517.1(d))

The Boards' Response: Because the law requires the Boards to develop the questionnaire and, as stated in response to MSDC's comment, was carefully drafted, no changes will be made to section 6517.1. However, an electronic version of the protocol and questionnaire will be available for use.

- Comment: CVS requested deleting the requirement in section 6517.3 that the prescribing and dispensing pharmacist be the same person, except for the first dispensing of the medication. ACI also suggested that the requirements be modified so that a 12-month supply does not have to be dispensed at one time, but rather in les amounts in accordance with other maintenance medications.

  The Boards' Response: The Boards believe that the language in section 6517.3 as written is required by the statute, although the suggested language may better reflect the intention of the law. Therefore, no changes will be made to this section. The impact should be reviewed after implementation to determine if this creates unintended barriers to access.

- Comment: CVS asked that the information packet referenced in section 6517.4 be available electronically.

  The Boards' Response: The information packet can be made available electronically. No changes are needed to accommodate this request.

- Comment: ACI requested that the requirement for informed consent in section 6517.7 be limited to the initial dispensing, not subsequent refills within a 12-month period.

  The Boards' Response: Informed consent applies to the prescription, initial dispensing, and any refills and therefore no changes will be made.

- MSDC questioned what determined "appropriate counseling" required in section 6517.8 by pharmacists in non-medical settings.

  The Boards' Response: Section 6517.8 outlines in detail what is required for the counseling. Additionally, licensed pharmacists have professional education and training regarding counseling about medications. No specific suggestions were made and no changes were made to this section.

- Comment: CVS requested that pharmacies be allowed to use their own electronic referral process, for referrals required by section 6517.9.

  The Boards' Response: Pharmacists must use the form developed in accordance with the law, but it will be available for electronic use.

- Comment: MSDC asked how a pharmacist would refer a person who does not have an established relationship with a primary care provider, and on what basis, as required in section 6517.9.

The Boards' Response: Section 6517.9 specifies how referrals are to be made, and to whom. Therefore, no changes will be made to this section.

- Comment: ACI asked that section 6517.10 be amended to clarify that the medical exam by a health provider, required prior to an additional 12-month refill, be limited to the 12-month refill only, and not to 30- or 90-day refills.

  The Boards' Response: Section 6517.10 reflects the language of the law and therefore will not be changed. Any issues to access will be examined after implementation to determine if changes need to be pursued.

- Comment: MSDC was concerned that verification of a medical exam is required in section 6517.10 only for a 12-month refill, not the original prescription and dispensing.

  The Boards' Response: The law does not require verification of a medical exam prior to the initial prescription and dispensation. No change will be made to this section.

No changes were made to the proposed rulemaking. These amendments were adopted as final by the Board of Medicine on _____ and by the Board of Pharmacy on _____ and shall become effective upon the date of publication of this notice in the District of Columbia Register.

Chapter 65, PHARMACISTS, of Title 17 DCMR, BUSINESS, OCCUPATIONS, AND PROFESSIONALS, is amended as follows:

A new Section 6517 SELF-ADMINISTERED HORMONAL CONTRACEPTIVE PRESCRIPTIONS, is added to read as follows:

6517 SELF-ADMINISTERED HORMONAL CONTRACEPTIVE PRESCRIPTIONS

6517.1 For the purposes of this section only, the following terms shall have the meanings ascribed:

(a) "Certified pharmacist" means a pharmacist licensed under this Chapter who is certified pursuant to this section to prescribe and dispense up to a twelve (12)-month supply of self-administered hormonal contraceptive.

(b) **"**Protocol" means a document developed by the Boards of Pharmacy and Medicine that provides rules for certified pharmacists to determine if a prescription for a self-administered hormonal contraceptive is medically appropriate using the information provided by the patient in the self-screening questionnaire.

(c) "Self-administered hormonal contraceptive" means a medication to prevent pregnancy containing hormones approved by the U.S. Food and Drug

Administration that is administered by the patient orally, transdermally, or vaginally.

(d) "Self-screening questionnaire" means a document developed by the Boards of Pharmacy and Medicine, based on the current United States Medical Eligibility Criteria for Contraceptive Use developed by the Centers for Disease Control and Prevention, that a patient will use to provide basic information used by a certified pharmacist to determine if a prescription is medically appropriate.

6517.2 A licensed pharmacist may be certified by the Department of Health (the "Department") to prescribe and dispense up to a twelve (12)-month supply of self-administered hormonal contraceptive if the licensed pharmacist:

(a) Possesses a Doctorate in Pharmacy, or

(b) Undergoes a training program approved by the Boards of Medicine and Pharmacy for prescribing and dispensing self-administered hormonal contraceptives.

6517.3 Only pharmacists certified by the Department pursuant to this section are eligible to prescribe and dispense self-administered hormonal contraceptives. Only the certified pharmacist who prescribes the self-administered hormonal contraceptive shall dispense it to the individual for whom it was prescribed.

6517.4 The certified pharmacist shall make information concerning all forms of contraception, including Long-Acting Reversible Contraceptives, approved by the U.S. Food and Drug Administration available to the patient using, at a minimum, the information pamphlet developed by the Board of Pharmacy and the Department before prescribing a self-administered hormonal contraceptive to the patient.

6517.5 The patient shall complete the self-screening questionnaire developed by the Boards of Pharmacy and Medicine, which shall identify patient risk factors for the use of self-administered hormonal contraceptives, based on the current United States Medical Eligibility Criteria for Contraceptive Use developed by the Centers for Disease Control and Prevention.

6517.6 The certified pharmacist shall determine if a prescription for self-administered hormonal contraceptives is medically appropriate based on the assessment of the self-screening questionnaire using the protocol developed by the Boards of Pharmacy and Medicine and the duration of the prescription.

6517.7 The certified pharmacist shall obtain the patient's informed consent to the contraceptive to be prescribed before prescribing and dispensing a self-administered hormonal contraceptive to the patient. A person under eighteen (18)

years of age may provide informed consent to the contraceptive pursuant to subsection 22-B DCMR § 600.7.

6517.8 When a self-administered hormonal contraceptive is prescribed and dispensed, the certified pharmacist shall provide the patient, in a manner that ensures patient confidentiality, the following:

(a) Appropriate counseling and information on the product furnished, including dosage, effectiveness, potential side effects, and safety;

(b) Information about the importance of receiving recommended preventative health screenings; and

(c) Counseling that a self-administered hormonal contraceptive does not protect against sexually transmitted infections.

6517.9 Upon prescribing and dispensing a self-administered hormonal contraceptive pursuant to this section, or if it is determined that the use of a self-administered hormonal contraceptive is not recommended, the certified pharmacist shall, using the Hormonal Contraceptive Referral and Visit Summary form developed by the Board of Pharmacy, refer the patient to the patient's primary care provider or reproductive health provider. If the patient does not have a primary care provider or reproductive health provider, the certified pharmacist shall, using the Hormonal Contraceptive Referral and Visit Summary form developed by the Board of Pharmacy, refer the patient to a nearby clinic for continuing health care.

6517.10 In order to obtain a refill of a self-administered hormonal contraceptive prescription from a pharmacist, a patient must verify in the self-screening assessment that a primary care physician or reproductive health provider has examined them within the twelve (12) month period prior to the date of the refill.

6517.11 The certified pharmacist shall maintain records at the pharmacy practice site where the prescription was written and administered in accordance with the requirements of 22-B DCMR § 1913. In addition to the information required pursuant to 22-A DCMR § 1913.4, the records shall include:

(a) The self-screening questionnaire completed by the patient and the certified pharmacist;

(b) The prescription, if the contraceptive was prescribed; and

(c) A copy of the Hormonal Contraceptive Referral and Visit Summary which shall contain the following:

(1) The patient's informed consent to the contraception, if prescribed; and

(2) The referral for continuing health care to either the patient's primary care provider or reproductive health provider, or to a nearby clinic, whichever is applicable.

6517.12 The records required to be maintained pursuant to this section shall be readily available for inspection upon request of the Board of Pharmacy or submitted to the Board of Pharmacy for review upon request.

6517.13 The pharmacy at which the certified pharmacist practices shall display in its stores and online a list of the times during which the certified pharmacist is available.

6517.14 The Board of Pharmacy shall maintain a list of all certified pharmacists, including the location of the pharmacies where the certified pharmacists practice, and shall make the list readily accessible to the public.

6517.15 The Board of Pharmacy shall provide all pharmacists licensed by the District annual notice of the requirements of this section, including opportunities for training.

CONTRACEPTIVE METHODS

Reversible Methods

Intrauterine Contraception (IUD):

IUDs are placed in a woman's uterus in a doctor's office and are effective and long-lasting.

Levonorgestrel
Medication is slowly released over the lifetime of the device to prevent pregnancy.
Failure Rate: 0.1-0.4%
How Long it Lasts: Lasts 3-8 years

Copper T IUD
This IUD is a small T-shaped device that your doctor places inside the uterus to prevent pregnancy. It can also be used as an emergency contraceptive if implanted within 5 days of having sex.
Failure Rate: 0.80%
How Long it Lasts: Up to 10 years

Hormonal Methods:

These methods use the hormones estrogen and/or progestin to regulate a women's reproductive hormones and prevent pregnancy.

Implant
The implant is a single, thin rod that is inserted under the skin of a women's upper arm. The rod contains a progestin that is released into the body over 3 years.
Failure Rate: 0.1%
How Long it Lasts: Lasts 3-8 years

Permanent Methods

Female sterilization (tubal ligation)
Fallopian tubes are blocked or sealed to prevent the eggs reaching the sperm and becoming fertilized. The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume normal activities within a few days.
Failure Rate: 0.5%
How Long it Lasts: Permanent

Male sterilization (vasectomy)
This outpatient surgical procedure results in a man's ejaculate no longer containing sperm and is typically done at an outpatient surgical center in just a few hours. Recovery time is often less than one week.
Failure Rate: 0.15%
How Long it Lasts: Permanent

For more information about these birth control methods including possible side effects, visit:

bit.ly/46ZkXBY

Understand Your Birth Control Options

Pregnancy is a choice, and you have the power to decide when, or if, it's the right time.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Hormonal Methods (cont'd):

These methods use the hormones estrogen and/or progestin to regulate a women's reproductive hormones and prevent pregnancy.

Injection

A healthcare provider administers a shot of progestin in the buttocks or arm every three months.
Failure Rate: 4%
How Long it Lasts: Lasts 3 months

Combined oral contraceptive ("The Pill")

Also called "the pill," it combines estrogen and progestin and must be taken at the same time each day. If you are older than 35 years and smoke, have a history of blood clots or breast cancer, your doctor may advise you not to take the pill.
Failure Rate: 7%
How Long it Lasts: Take daily

Progestin-only pill

Sometimes called the mini-pill, it is must be taken at the same time each day and it may be a good option for women who can't take estrogen(a progestin only pill will soon be available over the counter).
Failure Rate: 7%
How Long it Lasts: Take daily

Patch

The patch attaches to the skin on the lower stomach, buttocks, or upper body (except for the breasts) and releases progestin and estrogen into the bloodstream. You must apply a new patch once a week for three weeks and no patch for the fourth week to facilitate a menstrual period.
Failure Rate: 7%
How Long it Lasts: Worn 3 of 4 weeks

Vaginal ring

Leave in for 3 weeks, and remove for 1 week to facilitate a menstrual period. The ring uses progestin and estrogen to prevent pregnancy.
Failure Rate: 7%
How Long it Lasts: Worn 3 of 4 weeks

Barrier Methods:

These methods use medical devices or spermicide to prevent pregnancy.

Diaphragm or cervical cap

A diaphragm or cervical cap is placed inside the vagina along with spermicide before sexual intercourse to cover the cervix to block sperm. Visit your doctor to determine which size of each is right for you.
Failure Rate: 17%
How Long it Lasts: One sexual encounter

Sponge

A contraceptive sponge contains spermicide and is placed in the vagina where it fits over the cervix. The sponge works for up to 24 hours and must be left in the vagina for at least 6 hours after the last act of intercourse.
Failure Rate: 14-27%
How Long it Lasts: One sexual encounter

Male condom

Male condoms are worn on the penis and keep sperm from entering a woman's body. Condoms can only be used once and are available at most drug stores or pharmacies.
Failure Rate: 13%
How Long it Lasts: One sexual encounter

Female condom

Female condoms help keep sperm from getting into the body and can be inserted up to eight hours before sexual intercourse. Female condoms are available at most drug stores and pharmacies.
Failure Rate: 21%
How Long it Lasts: One sexual encounter

Spermicides

These products come in several forms including foam, gel, cream, film, suppository, or tablet and are placed in the vagina. Spermicide products can be used along with a diaphragm, cervical cap, or male condom. They are available at most drug stores and pharmacies.
Failure Rate: 7%
How Long it Lasts: Varies depending on brand and type. See package insert.

Fertility Awareness-Based Methods:

These methods employ knowledge of a woman's regular cycle to determine when she is fertile to avoid unprotected sex during this 9+ day period.

Fertility Awareness Methods

If you have a regular menstrual cycle, you have about nine or more fertile days each month. Understanding your monthly fertility pattern can help you to get or avoid getting pregnant. For more information on understanding your fertility pattern go to bit.ly/3Kbl0Rp
Failure Rate: 2-23%
How Long it Lasts: Requires daily tracking

Emergency Contraception

Emergency contraception is NOT a long-term method of birth control. Emergency contraception can be used after no birth control was used during sex, or if the birth control method failed, such as if a condom broke.

Copper IUD

Women can utilize the Copper T IUD long-term birth control device as an emergency contraceptive if it is inserted within five days of unprotected sex.
Must be inserted within 5 days after sexual intercourse

Emergency contraceptive pills - take as soon as possible (Levonorgestrel/Plan B)

Most effective for women when taken within 72 hours after intercourse and not effective after 5 days. There are no age restrictions on emergency contraceptive pills, and they can be purchased without a prescription.
Must be taken within 5 days after sexual intercourse

FDA Issues Draft Interim Guidance Documents on Bulk Drug Substances in Compounding

NABP <news@nabp.pharmacy>

Wed 1/17/2024 8:34 PM

To:Barron, Karin (DOH) <karin.barron@dc.gov>

FDA Issues Draft Interim Guidance Documents on Bulk Drug Substances in

Compounding Under Sections 503A and 503B of FD&C Act

Food and Drug Administration (FDA) has issued two draft interim guidance documents that address the use of bulk drug substances in compounding under Sections **503A** and **503B** of the Federal Food, Drug, and Cosmetic Act (FD&C Act). Under Section 503A of the FD&C Act, compounders can only use bulk substances that are included in the United States Pharmacopeia, the National Formulary monograph, or if it is on "a list promulgated as a regulation pursuant to section 503A(b)(1)(A)(i)(III) of the FD&C Act." Under Section 503B of the FD&C Act, bulk substances can only be used in compounding if they are used to compound a drug that is on FDA's drug shortage list at the time of compounding, distribution, and dispensing or on FDA's 503B bulk list. According to the documents, drug substances that are nominated after, or on the date of, the finalized date cannot be used until FDA has reviewed to determine if the substance has sufficient supporting information to be a substance included on the bulk list.

Find Out More

HHS and GSA Update Guidelines to Include Opioid Reversal Agents and Hemorrhagic Control Kits in Safety Station Programs

Opioid reversal agents and hemorrhagic control kits have been added to the United States Department of Health and Human Services (HHS) and the US General Services Administration's (GSA's) guidelines for safety stations in federal facilities. Safety station programs within federal facilities provide the necessary equipment that can be used by anyone

when responding to an emergency. Federal facilities are not mandated to operate safety stations; however, those facilities that maintain a safety station are advised to include either a bystander-empowered opioid reversal agent, a hemorrhagic control component, or both, in addition to an automated external defibrillator.

Learn More

NABP's Recent Blog Post Explains Impact of Diabetes Drug Shortages and Fake Ozempic on Patients and Pharmacies

NABP recently published a blog explaining the impact of diabetes drug shortages and fake Ozempic® on pharmacies and patients. Injectable diabetes medications including semaglutide, namely Wegovy® and Ozempic, have been in **shortage since 2022**, limiting patient access to the drug across the nation. Many other drugs have appeared on **FDA's shortage list** in the past few years, including attention-deficit/ hyperactivity disorder medications, chemotherapy treatments, and even antibiotics. However, the semaglutide shortage has been featured prominently in the media due to the extreme demand for this product for weight loss. If health care professionals have a patient who suspects that they have taken or purchased fraudulent or substandard drugs, they should report it to the **state board of pharmacy**, **FDA Office of Criminal Investigations**, and the **state attorney general**.

View NABP's Blog Post

FDA Approved New Drugs in 2023 for Infectious Diseases

In 2023, FDA approved new drugs to treat a wide range of diseases. For example, FDA approved treatments for infectious diseases, including COVID-19, respiratory syncytial virus, and HIV. FDA's Center for Drug Evaluation and Research also approved therapies for neurological conditions, such as amyotrophic lateral sclerosis, Alzheimer's disease, and migraine. Approval actions were also taken for drugs targeting type 2 diabetes in children, different types of anemia, and chronic weight management, among other heart, blood, kidney, and endocrine disorders.

Read More

Opioid Prescribing Decreased in Past Year, But Overdose Deaths Continue to Climb, According to AMA Report

Despite opioid prescriptions declining for the 13th consecutive year, the opioid epidemic poses new challenges, according to American Medical Association's (AMA's) *2023 Overdose Epidemic Report*. The report notes that opioid prescribing has decreased by almost 50% nationally in the last 10 years, while buprenorphine dispensing for treating opioid use disorder has nearly doubled in the past decade. However, overdoses and overdose deaths continue to increase due to methamphetamine, cocaine, counterfeit fentanyl, xylazine, and other synthetic adulterants. To combat the increasing overdose trends, AMA outlines a list of recommendations for policymakers to remove barriers and increase

patients' access to evidence-based care for substance use disorder, which can be found in the full report.

Download the Report

Pharmacists' Intervention Is Associated With Lowering Patients' Blood Glucose Levels

Pharmacists' intervention was associated with lowering patients' blood glucose levels by 1% after recommending that primary care providers switch medication treatments for their patients, according to research presented at the American Society of Health-System Pharmacists' midyear meeting. Using information in the electronic health record, pharmacists provided 180 recommendations for 102 patients with diabetes and cardiovascular disease at the Memphis VA Medical Center in Tennessee. Primary care providers followed 23 of those recommendations, which included switching patients from sulfonylureas to a GLP-1 receptor agonist or an SGLT-2 inhibitor, hyperlipidemia interventions, hypertension interventions, and recommendations for tobacco cessation. The average HbA1c levels of 7.7% decreased to 6.7% among the 23 patients who were switched to a different treatment suggested by a pharmacist. However, the study is ongoing and there are some limitations, such as infrequent patient visits, that may impact how quickly the pharmacist recommendations are accepted.

Reveal the Study Results

NABP *e-News* is a weekly publication prepared by NABP. Please send any comments, questions, or suggestions about the electronic newsletter to **commdept@nabp.pharmacy**.

Pharmacy Organizations Raise Concerns About Florida's Drug Importation Program

NABP <news@nabp.pharmacy>

Wed 1/24/2024 6:33 PM

To:Barron, Karin (DOH) <karin.barron@dc.gov>

VHA Joins Pulse by NABP

The Veterans Health Administration (VHA) has joined Pulse by NABP™, the new digital platform that will bring visibility to the drug supply chain

and protect patients from counterfeit or substandard prescription medications. VHA will utilize Pulse to assist with Drug Supply Chain Security Act (DSCSA) compliance and to help ensure that their prescription medication suppliers are appropriately licensed.

DSCSA is a federal law that was enacted in 2013 to improve the safety of the pharmaceutical supply chain and prevent counterfeit drugs from entering the market. The law requires all members of the pharmaceutical supply chain to ensure they are doing business with trading partners that are authorized in accordance with federal law.

Read NABP's Press Release

Pharmacy Organizations Call Attention to Florida's Drug Importation Program

NABP has joined American Society of Health-System Pharmacists along with nearly 75 other pharmacy organizations and several state health-system pharmacies to call attention to Food and Drug Administration's (FDA's) recent authorization of a state drug importation program. Florida's Agency for Health Care Administration's (AHCA's) drug importation program has been authorized by FDA under Section 804 of the Federal Food, Drug, and Cosmetic Act, permitting Florida's AHCA to import certain drugs if they meet specific conditions. The pharmacy organizations stress that FDA's announcement did not provide evidence that Florida's AHCA has met the conditions of the rule and notes the potential dangers of the program to the public, such as the opportunities for mix-ups, mishandling, mislabeling, and other rogue activity.

Learn More

Pharmacists Ranked Third Most Trusted Medical Professionals in Gallup's 2023 Survey

Pharmacists are ranked as the third most trusted medical professionals among various occupations in Gallup's 2023 Annual Rating of Honesty and Ethics survey. From November 9 to December 2, 2022, 58% of Americans ranked pharmacists as having high honest and ethical standards, which is slightly lower than their 2021 and 2020 ratings. In 2022, medical doctors were ranked slightly higher than pharmacists, with 62% of Americans saying doctors have "very high" or "high" honesty and ethical standards, whereas nurses earned the highest ethical rating of 79%. However, all three health-related professions scored lower compared to their scores before the COVID-19 pandemic.

Compare the Results

DEA's Diversion Control Division Introduces Redesigned User-Friendly Website

Drug Enforcement Administration (DEA) is introducing its newly redesigned website focused on informing pharmaceutical communities about DEA's role in keeping the drug supply safe through prevention of the diversion of controlled substances. The user-friendly website offers resources for pharmacists, drug manufacturers, distributors, researchers, and others to stay informed about the latest news, regulations, and registration information. The agency also provides links for training and self-certification for those selling drug products containing ephedrine,

pseudoephedrine, and phenylpropanolamine (related to The Combat Methamphetamine Epidemic Act of 2005).

Individuals are encouraged to submit feedback on the new website to **deadiversionwebmaster@dea.gov.**

Access DEA's Redesigned Website

FIP Report Examines Case Studies of Countries Implementing and Expanding Pharmacy-Based Vaccination Practices

As a response to the COVID-19 pandemic, several countries introduced pharmacy-based vaccination practices, which opened the door for pharmacists to administer and prescribe other vaccines, including vaccines against seasonal influenza, pneumococcal disease, herpes zoster, and Tdap (tetanus, diphtheria, and pertussis), according to the **International Pharmaceutical Federation (FIP)** report. The comprehensive report provides an overview of the 11 countries that implemented or expanded pharmacy-based vaccination over the course of several months and years. Additionally, other countries shared the challenges they encountered by adding this service to pharmacists' practices.

Explore FIP's Report

New *Innovations* Issue!

2024 Patient Safety Awareness Kit Is Now Available

The Center for Patient Safety has released its 2024 Patient Safety Awareness Week (PSAW) toolkit. This year's theme is "Safer Together," highlighting the importance of maintaining safety among health care providers, support staff, and patients.

Download PSAW's Toolkit >

Make sure to check out our latest *Innovations*® issue, *Revolutionizing Health Care: The Evolving Path of E-Prescriptions*, which also covers telepharmacy and our latest testing service, NAPLEX Advantage.

Read More >

NABP e-News is a weekly publication prepared by NABP. Please send any comments, questions, or suggestions about the electronic newsletter to **commdept@nabp.pharmacy**. We look forward to receiving your feedback.

National Association of Boards of Pharmacy®

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