

**899 NORTH CAPITOL ST. NE – 2ND FLR.
WASHINGTON, DC 20002**

February 3, 2022

9:30 am

**OPEN SESSION AGENDA
(VIA ZOOM MEETING DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY)**

Board of Pharmacy Mission Statement:

“To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians.”

Open Session Agenda

Quorum:

Introduction:		
0203-O-01	<u>Approval of the Open Session Meeting Minutes for:</u> December 2, 2021 January 6, 2022	
<u>Consent Agenda</u>	None	
<u>Chairperson Report</u>	<u>Interprofessional Workgroup</u>	Dr. Tamara McCants
<u>Executive Director Report</u>	<ul style="list-style-type: none"> ▪ Statistical Report on Pharmacy professionals in the District of Columbia ▪ Prescription Drug Monitoring Program Updates ▪ DCRx (DC Center for Rational Prescribing) ▪ Workforce Survey 	Dr. Justin Ortique
<u>Senior Assistant General Counsel Report</u>		
0203-O-02	None	Ms. Carla Williams
<u>Subcommittee Reports</u>		
0203-O-03	<u>Legislative and Regulatory Subcommittee Report</u>	Mr. Alan Friedman
0203-O-04	<u>Communications Subcommittee Report</u>	Dr. Ashlee Bow
Presentation		
0203-O-05	<u>COVID-19 Vaccine Planning Team Lead Heather Burris, MPH</u> <u>COVID-19 Vaccine Presentation</u> This presentation is catered specifically to independent pharmacies providing the COVID-19 Vaccine Booster.	Dr. Heather Burris, MPH
NABP E-Newsletter	<u>January 26, 2022</u> NABP Supports Efforts to Improve Pharmacist Workplace Safety and Well-Being to Safeguard Patient Safety	Dr. Tamara McCants

	<p>NABP, Other Health Care Organizations Support Efforts to Revise NPDB's Basis for Action Codes and Descriptions</p> <p>Warning For Prescribers – Risks of Dental Problems Associated With Buprenorphine</p> <p>Study Shows Patients Are Putting a High Level of Trust in Pharmacists for Care Management</p> <p>Lohxa LLC Issues Voluntary Recall of Senna Syrup</p> <p>Adults and Type 1 Diabetes – How Pharmacists Can Help</p> <p><u>January 19, 2022</u></p> <p>New York City to Install Public Health Vending Machines With Naloxone, Other Supplies to Combat Opioid Epidemic</p> <p>NABP Explores Regulatory Trends on E-Prescribing and the Impact on the Opioid Epidemic</p> <p>January 25 FDA Drug Topics Webinar Provides Overview of Biosimilar and Interchangeable Biosimilars</p> <p>FDA Continues to Resolve iPLEDGE Data, Access Issues</p> <p>Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/.</p>	
<p><u>Comments from the Public</u></p>		
<p><u>Motion to Adjourn the Open Session</u></p>		

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at __: __ AM.

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

899 NORTH CAPITOL ST. NE – 2ND FLOOR

WASHINGTON, DC 20002

December 2, 2021

9:32 AM – 11:45 AM

**OPEN SESSION MINUTES
(VIA ZOOM MEETING DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY)**

Board of Pharmacy Mission Statement:

“To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians.”

CALL TO ORDER: 9:32 AM

PRESIDING: DR .TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR. TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON	PRESENT
	MR. ALAN FRIEDMAN, R.PH, VICE CHAIRPERSON	PRESENT
	DR. BENJAMIN MILES, PHARM.D. R.PH	PRESENT
	DR. ASHLEE BOW, PHARM.D. R.PH	PRESENT
	DR. ALLISON HILL, PHARM.D. R.PH	PRESENT
	MR. GREGORY CENDANA, CONSUMER MEMBER	ABSENT
STAFF:	DR. JUSTIN ORTIQUE, INTERIM EXECUTIVE DIRECTOR	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, PROGRAM SPECIALIST	PRESENT
	COUNTEE GILLIAM, BOARD INVESTIGATOR	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	PRESENT
VISITORS:	DR. SHAUNA WHITE, HONOREE	
	DR. SHARON LEWIS, HRLA DC HEALTH	
	MR. FRANK MEYERS, HRLA DC HEALTH	
	KIMBERLY MELSON, HRLA DC HEALTH	
	SABRINA LEWIS, HRLA DC HEALTH	
	KIDEST TESFAYE, HRLA DC HEALTH	
	REGINALD BELLAMY, HRLA DC HEALTH	
	JUAN GABRIEL MEDRANO, DC PHARMACY ASSOCIATION	
	CAROLYN PRICE, DC PHARMACY ASSOCIATION	
	TOYIN TEFADE, HOWARD UNIVERSITY COLLEGE OF PHARMACY	
	DON ZOWADER, PUBLIC	
	CLARA NI, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL	
	LAMA KANAWATI, MEDSTAR WASHINGTON HOSPITAL CENTER	
	TONYA WRIGHT, MEDSTAR WASHINGTON HOSPITAL CENTER	
	ANGELA BRYANT, CVS SPECIALTY PHARMACY	
	JACQUEISE UNONU, HOWARD UNIVERSITY COLLEGE OF PHARMACY	
	ALSEAN BRYANT	
	ANGELA LATNEY	
	CLYDE SPENCE	
	CHIAMAKA ADADEY	
	DEIDRE BOLLING-LEWIS	
	GAIL ELLIOTT	
	BOBBIE LE	
	BENJAMIN HAMMER	
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Open Session Agenda

Quorum: Yes

Introduction:	Former Executive Director, Dr. Shauna White, is honored by DC Health's Health Regulation and Licensing Administration's executive staff, DC Board of Pharmacy's Board members and staff as well as members of the Washington, DC pharmacy community.	
1202-O-01	<p><u>Approval of the Open Session Meeting Minutes for</u></p> <p>October 7, 2021</p> <p>Motion: Board Member Dr. Ashlee Bow moves the Board to approve the August 5, 2021 open session minutes.</p> <p>Seconded by: Dr. Benjamin Miles.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: Dr. Ashlee Bow.</p> <p>Motion carried.</p> <p><u>Approval of the Open Session Meeting Minutes for</u></p> <p>November 4, 2021</p> <p>Motion: Board Member Mr. Alan Friedman moves the Board to approve the September 2, 2021 open session minutes.</p> <p>Seconded by: Dr. Ashlee Bow.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	

<u>Consent Agenda</u>	None	
<u>Chairperson Report</u>	<p><u>Interprofessional Workgroup</u></p> <p>Board Chair, Dr. Tamara McCants acknowledges the pharmacy community for assisting the Interprofessional Workgroup, which works to ensure patients [and the public] are served.</p>	Dr. Tamara McCants
<u>Executive Director Report</u>	<p><u>Statistical Report on pharmacy professionals in the District of Columbia</u></p> <ul style="list-style-type: none"> • Pharmacists: 2,061 • Pharmacists with Vaccination and Immunization Authority: 732 • Pharmacy Interns: 791 • Pharmacy Technicians: 913 • Pharmacy Technician Trainees: 164 • Pharmacy Technician Training Programs: 14 • Pharmaceutical Detailers: 766 <p><u>Prescription Drug Monitoring Program (PDMP) Updates</u></p> <ul style="list-style-type: none"> • All pharmacists are reminded to register for the <i>Prescription Drug Monitoring Program</i>. Information regarding registration can be found on https://dchealth.dc.gov/service/prescription-drug-monitoring-program. <p><u>DC RX (DC Center for Rational Prescribing)</u></p> <ul style="list-style-type: none"> • DCRX is continuing to publish continuing education credit courses, all of which can be reviewed at dchealth.dc.gov/dcrx. • The following course is available for completion: <ul style="list-style-type: none"> • Anti-Microbial Stewardship: Syndromic and System-Level Interventions. The associated continuing education credits are as follows: <ul style="list-style-type: none"> • 1.50 ACPE Pharmacist • 1.50 ACPE Pharmacy technician • 1.50 AMA PRA Category 1 Credit™ • 1.50 Completion <p><u>COVID-19 Vaccination Mandate</u></p> <ul style="list-style-type: none"> • All health care providers licensed in the District of Columbia are mandated to complete the COVID-19 vaccine. More information is available at dchealth.dc.gov/node/1556816. 	Dr. Justin Ortique

	<p><u>Report from Mr. Frank Meyers</u></p> <ul style="list-style-type: none"> The District’s licensure waiver for licensed, health care providers who are registered in other states has been extended to August 31, 2022. Legal counsel is currently amending the legislation. 	
	<p><u>Senior Assistant General Counsel Report</u></p>	
1202-O-02	None	Ms. Carla Williams
	<p><u>Subcommittee Reports</u></p>	
	<p><u>Legislative and Regulatory Subcommittee Report Items for Discussion</u></p>	Mr. Alan Friedman
1202-O-03	<p>Draft Changes to the District Of Columbia Municipal Regulations For Pharmacies Chapter 19</p> <p>The Revisions to Chapter 19 (The Pharmacist – In – Charge):</p> <p>1920.1 A retail/community pharmacy, special or limited use pharmacy, or non-resident pharmacy shall be managed by a pharmacist (hereafter referred to as "Pharmacist-in-charge").</p> <p>1920.2 A retail/community pharmacy, special or limited use pharmacy, or non-resident pharmacy shall not operate without a Pharmacist-in-charge. Operation of the pharmacy without a pharmacist-in-charge is a violation of law and each day so operated will be a separate offense.</p> <p>1920.3 To be eligible to serve as a pharmacist-in-charge, a pharmacist shall:</p> <p>(a) Be licensed, in good standing, to practice pharmacy in the District of Columbia, except that the pharmacist-in-charge of a non-resident pharmacy shall be licensed in the state in which the pharmacy is located;</p> <p>(b) Have not less than two years of active pharmacy practice experience in the United States, except that the Board may grant an exception to the minimum number of years of experience required for good cause shown;</p> <p>(c) Be physically present in the pharmacy a minimum of thirty-two (32) hours per week;</p> <p>(d) Not serve as the pharmacist-in-charge for more than one</p>	

	<p>(1) pharmacy at a time except upon obtaining written permission from the Director; and</p> <p>(e) Complete the affidavit of responsibilities and duties attesting to understanding and accepting the duties and responsibilities of a pharmacist-in-charge as set forth in this chapter.</p> <p>1920.4 If the Pharmacist-in-charge will be absent from the pharmacy or on leave for more than thirty (30) days, a new Pharmacist-in-charge shall be designated and the Director shall be notified.</p> <p>1920.5 In addition to any other responsibilities set forth under this Title, accepted standards of professional conduct and practice, and applicable District and federal laws, the pharmacist-in-charge shall have the following duties and responsibilities:</p> <ul style="list-style-type: none"> (a) To supervise all of the professional employees of the pharmacy; (b) To ensure that all persons working in the pharmacy, including those participating in an internship, residency, or fellowship program at the pharmacy are appropriately licensed or registered with the board; (c) To supervise all of the nonprofessional employees of the pharmacy regarding any duties related to the procurement, sale, or storage of drugs; (d) To establish and supervise the method and manner for the storing and safekeeping of drugs; (e) To establish and supervise the record keeping system for the purchase, sale, possession, storage, safekeeping, and return of drugs; <p>The Additions to Section 1905:</p> <ul style="list-style-type: none"> (f) To establish or ensure that quality assurance programs are in place for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems; (g) To establish or ensure that quality assurance programs are in place that are designed to prevent and detect drug diversion; 	
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- (h) To establish or ensure that quality assurance programs are in place that are designed to decrease and identify, monitor, and prevent prescription errors;

Section 1920.5 (j) – Revised to state the following:

Establishing or developing policies and procedures for the procurement, storage, compounding, dispensing, security, and disposition of drugs and devices, and for the communication of required information to the public in relation to drug therapies beyond the offer to counsel.

Section 1920.6 – Revised to state the following:

The Pharmacist-in-charge is responsible for the accuracy and Completeness of the biennial inventory of all controlled substances, and shall sign and date the biennial inventory upon its completion. This requirement applies whether the inventory is conducted by the Pharmacist-in-charge or another licensed pharmacist.

1920.7 Revised to state the following:

Whenever there is a change of a Pharmacist-in-charge of a pharmacy:

- (a) The outgoing Pharmacist-in-charge shall conduct an inventory of all controlled substances in the pharmacy before leaving the position; and
- (b) The incoming Pharmacist-in-charge shall conduct an inventory of all controlled substances in the pharmacy within seventy-two (72) hours after beginning to function as the Pharmacist-in-charge.

Section 1920.8 – Revised to state the following:

If the outgoing Pharmacist-in-charge is unable to perform the inventory required by § 1920.6, the pharmacy owner shall designate an alternative pharmacist, other than the incoming Pharmacist-in-charge, to perform the inventory in the outgoing Pharmacist-in-charge's place.

Section 1920.9 – Revised to state the following:

The pharmacist-in-charge may be assisted by a sufficient number of pharmacists, pharmacy interns, and pharmacy technicians as may be required to competently and safely provide pharmacy services in keeping with the size, scope, and complexity of the pharmaceutical

services provided by the pharmacy.

The Additions to Section 1920.10: The duties of the Pharmacy Intern under the supervision of a Pharmacist:

- (b) Specify that pharmacy interns may only perform the following duties under the direct supervision of a pharmacist, and only after prior review and approval of the licensed pharmacist:
- (1) Drug utilization review;
 - (2) Clinical conflict resolution;
 - (3) Prescriber contact concerning prescription drug order clarification or therapy modification, or
 - (4) Dispensing process validation;
- (b) Specify that pharmacy interns shall not be assigned duties that may be performed only by a pharmacist, which shall include but not be limited to:
- (1) Patient counseling on prescription, over-the-counter, and herbal products;
 - (2) Receiving new oral prescription drug orders, or refill authorizations;
 - (3) Prescription transfers; and
 - (4) Independent compounding;
- (c) Specify that pharmacy technicians may only perform the duties authorized pursuant to 17 DCMR § 9910.

Board Counsel, Ms. Carla Williams states that Section 1920.10 was updated for consistency with Chapter 65.

Board member, Dr. Benjamin Miles states that this section was aligned with Chapter 65, Sections 6510.5 and 6510.7. The specifics mentioned in the second (b) above define the duties that pharmacy interns are not allowed to perform but are standard intern functions that should not be prohibited in the District of Columbia.

Dr. Toyin Tefade supports Dr. Miles' argument by stating that pharmacy interns under the supervision of a pharmacist will learn to perform these duties.

Board Member, Dr. Benjamin Miles concludes that all of the sub-points of the second (b) can be added to the first (b) as duties 5, 6, 7, and 8. for pharmacy intern where 8 states "compounding" in lieu of "independent compounding."

Dr. Carolyn Price requests clarification concerning a pharmacy intern's *supervision* by a pharmacist.

Board Counsel, Ms. Carla Williams states that the supervision of an

	<p>intern means the pharmacist is in the pharmacy. Ms. Williams concludes by stating that the duties of a pharmacy intern will be revised to include the sub-points of the second (b) as duties 5, 6, 7, and 8, where 8 will state “compounding” in lieu of “independent compounding.”</p> <p>Section 1920.11 – Revised to state the following:</p> <p>It shall be a violation of the pharmacy permit for any person to Subvert the authority of the pharmacist-in-charge by impeding the Management of the prescription department in the compliance of federal and state pharmacy laws and regulations.</p> <p>Motion: Board Member Dr. Benjamin Miles moves the Board to accept the recommended changes just outlined for referral to the Pharmaceutical Control Division.</p> <p>Seconded by: Dr. Allison Hill.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	
<p>1202-O-04</p>	<p>Draft Changes to the District Of Columbia Municipal Regulations For Pharmacist Chapter 65</p> <ul style="list-style-type: none"> ➤ Draft changes concerning <ul style="list-style-type: none"> • Education and Training • Licensing • Supervised Practice of Pharmacy • Pharmacy Interns • Preceptors • Immunizations and Vaccinations • Continuing Education • COVID-19 Testing <p>Section 6502.1 – Revised to state the following:</p> <p>Except as otherwise provided in this subtitle, an applicant shall furnish proof satisfactory to the Board, in accordance with § 504(i) of the Act, D.C. Official Code § 3-1205.04(i) (2001), of the following:</p> <ul style="list-style-type: none"> (a) That the applicant has successfully completed an educational program in the practice of pharmacy and holds a Bachelor of Science or Doctor of Pharmacy 	

degree from a school of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE) at the time the applicant graduates; and

- (b) That the applicant has successfully completed introductory and advanced pharmacy experience hourly requirements in accordance with ACPE standards.

Removed:

- Sub-point (c) of Section 6502.1.
- Sections 6502.2, 6502.3, 6502.4 and 6502.5.

Section 6503.1 – Revised to state the following:

The Board may grant a license to practice pharmacy to an applicant who completed an educational program in a foreign country, which program was not recognized by the ACPE, if the applicant meets the following:

- (a) Meets all requirements of this chapter except for § 6502.1(a);
- (b) Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act by submitting the documentation required by this section; and
- (c) The applicant has completed a minimum of one thousand five hundred (1,500) hours of independent pre-licensure professional practice that provides experience in community, institutional, and clinical pharmacy practices under the supervision of a licensed pharmacist in the United States who is registered with the Board as the applicant's preceptor.

Section 6503.2 – Revised to state the following:

The independent pre-licensure professional practice required under § 6503.1 shall be completed within one year after licensure as an pharmacy intern in the District of Columbia. The Board may grant up to a six-month extension of this period for good cause shown.

Section 6503.3 – Revised to state the following:

Credit for pre-licensure professional practice performed in the District of Columbia shall:

- (a) Not begin to accrue until the Board has registered the intern in accordance with the procedures set forth in § 6509 of this chapter;
- (b) Only be given for pre-licensure professional practice hours performed as part of a formalized internship program and under the supervision of the individual's assigned preceptor; and
- (c) Not be given for more than forty-five (45) hours of pre-licensure professional practice hours per week;

Section 6503.4 – Revised to state the following:

An applicant under this section shall possess a Foreign Pharmacy Graduate Examination Committee Certification (FPGEC).

Section 6503.5 – Revised to state the following:

An applicant under this section shall receive passing scores on the North American Pharmacist Licensure Examination (NAPLEX) or its successor, and the Multistate Pharmacy Jurisprudence Examination for the District of Columbia (MPJE) or its successor. The passing score of the NAPLEX and MPJE are the passing scores established by the National Association of Boards of Pharmacy on each test that forms a part of the examinations.

Section 6503.6 – Revised to state the following:

An applicant under this section shall submit with a completed application certified transcripts of the applicant's pharmacy educational record(s).

Section 6503.7 – Revised to state the following:

If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit to the Board a translation signed by the translator attesting to its accuracy.

Section 6503.8 – Revised to state the following:

The Board may waive the transcript requirement of § 6503.5 on a showing of extraordinary hardship if the applicant is able to establish by substitute documentation that the applicant possesses the requisite education and degrees.

Section 6503.9 – Revised to state the following:

The Board may interview an applicant under this section to determine whether the applicant's education or training meets the requirements of the Act and this chapter.

Section 6504.1(b) – Revised to state the following:

Meet the training requirements set forth under §6502 or §6503.

Section 6504.3(a)(1) – Revised to state the following:

The applicant’s social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number; and

Section 6504.3(b) – Revised to state the following:

Submit official transcripts submitted directly to the Board of Pharmacy from each educational institution in a manner to ensure authenticity as directed on the application form, which shall verify that the applicant has successfully completed an educational program in the practice of pharmacy meeting the requirements set forth in §6502.1(a) of this chapter.

Section 6504.3(d) – Revised to state the following:

Submit proof acceptable to the Board that the applicant has successfully completed a pharmacy internship meeting the training requirements set forth in §6502 or §6503 of this chapter.

Section 6505.1(b) – Revised to state the following:

Meet the training requirements set forth under §6502 or §6503.

Section 6505.2(a)(1) – Revised to state the following:

The applicant’s social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.

Section 6505.2(c) – Revised to state the following:

Submit proof acceptable to the Board that the applicant has successfully completed a pharmacy internship meeting the training requirements set forth in §6502 or §6503 of this chapter.

Section 6506.2(a)(1) – Revised to state the following:

The applicant’s social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.

Section 6507.2(a)(1) – Revised to state the following:

The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.

Section 6509.1 – Revised to state the following:

Except as provided in 6509.2 of this chapter, this section shall apply to pharmacy interns who are performing independent, pre-licensure professional practice in satisfaction of the internship required by § 6502 or § 6503 under the supervision of a pharmacist licensed in the District of Columbia.

Removed: Section 6509.2.

Section 6509.5 (a) – Revised to state the following:

Meet the education requirements set forth under §6502 or §6503, or be currently enrolled in an educational program in the practice of pharmacy at an ACPE accredited school or school pending initial ACPE accreditation.

Section 6509.6(a)(1) – Revised to state the following:

The applicant's social security number on the application. If the applicant does not have a social security number, the applicant shall submit with the application a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number.

Section 6509.6(b) – Revised to state the following:

Submit official transcripts mailed directly to the Board of Pharmacy from each educational institution in a sealed envelope, which shall verify that the applicant has successfully completed an educational program in the practice of pharmacy meeting the requirements set forth in §6502 or §6503 of this chapter or is currently enrolled in an educational program in the practice of pharmacy at an ACPE accredited school.

Section 6509.6(e) – Revised to state the following:

If the applicant is a foreign-trained student applying under § 6503, submit a completed preceptor form signed by his or her preceptor which shall include:

Section 6509.7 – Revised to state the following:

For foreign-trained applicants registering as an intern, a registration as a pharmacy intern shall expire one (1) year from the date of its issuance. The Board may, in its discretion, renew a registration for successive periods of one (1) year for good cause shown if the pharmacy intern demonstrates due diligence in working toward completing the clinical internship requirement of §6503.

Section 6510.1 – Revised to state the following:

This section shall apply to pharmacy interns who are performing independent, pre-licensure professional practice in satisfaction of the internship required by §6503 under the direct supervision of a pharmacist in the District, or who are otherwise registered with the Board to practice as a pharmacy intern.

Removed: Section 6510.11.

Section 6511.1 – Revised to state the following:

This section shall apply only to preceptors who are supervising pharmacy interns in the performance of independent, pre-licensure professional practice in satisfaction of the internship required by § 6503 of this chapter.

Section 6511.5 – Revised to state the following:

A preceptor shall ensure that pharmacy intern’s training consists of learning experience in community, institutional, and clinical pharmacy practices.

Removed: Section 6511.5 (a) – (j).

In consideration of Section 6502.1 (a), which states:

“That the applicant has successfully completed an educational program in the practice of pharmacy and holds a Bachelor of Science or Doctor of Pharmacy degree from a school of pharmacy...”

Dr. Toyin Tefade cautions the Board of the Bachelor of Pharmaceutical Sciences that is emerging nationwide at schools and colleges of pharmacy, which is different from the Bachelor of Science in pharmacy.

Board Chair, Dr. Tamara McCants advises that Section 6502.1(a) should be revised to read the following:

*“That the applicant has successfully completed an educational program in the practice of pharmacy and holds **a Bachelor of Science in Pharmacy or a Doctor of Pharmacy degree** from a school of pharmacy...”*

Board Counsel, Ms. Carla Williams asks if the Bachelor of Pharmaceutical Science is a program in the practice of pharmacy.

Dr. Toyin Tafade states that while the curriculum for the program is not designed to allow a student to practice pharmacy, a student may challenge the requirement if the clause is not revised [to state “a Bachelor of Science in Pharmacy].”

	<p><u>Clarification concerning pharmacy students trained in a foreign country:</u></p> <ul style="list-style-type: none"> ➤ Visiting international students are not considered pharmacy student interns at [a U.S] college of pharmacy. They are only allowed to participate in shadowing activities, which include: <ul style="list-style-type: none"> • Observing a professional. • Learning about disease state management. • Reviewing and debriefing cases, etc. <p>Board Counsel adds that the regulations address persons who are or will be regulated by the District of Columbia. International students are not pharmacy interns in the District of Columbia and therefore cannot perform any duties of the pharmacy intern.</p> <p>Motion: Board Member Dr. Allison Hill moves the Board to accept the recommended revisions of Chapter 65.</p> <p>Seconded by: Dr. Ashlee Bow.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	
<p>1202-O-05</p>	<p>Draft Changes to the Health Occupations Revision Act (HORA)</p> <p>The subcommittee has revised the definition of the practice of pharmacy to the following:</p> <p>“Practice of pharmacy” means the interpretation and evaluation of prescription orders; the compounding, dispensing, and labeling of drugs and devices, including self-administered hormonal contraceptives; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs and devices and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease; responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs and devices; the order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s (CDC) published guidelines and recommended immunization schedules for adults, and adolescents and children ages three (3) and older with written informed parental consent or to administer immunizations and vaccinations to any individual</p>	

pursuant to a valid prescription; when certified by the Board of Pharmacy to do so; **conducting health screenings, including ordering, performing, and interpreting CLIA-waived tests**; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; the initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement; and the maintenance of proper records.

Within the meaning of this paragraph, the term:

“Collaborative practice agreement” means a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, **either directly or through rulemaking**, or between a licensed pharmacist and another health practitioner with independent prescriptive authority licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen.

Pharmacy” means any establishment or institution, or any part thereof, where the practice of pharmacy is conducted; drugs are compounded or dispensed, offered for sale, given away, or displayed for sale at retail; or prescriptions are compounded or dispensed.

(iii) “Prescription” means any order for a drug, medicinal chemical, **biologic**, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person's authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern.

In revising the definition of practice of pharmacy, the committee considered the following:

1. The comments shared during the open session of the October, 2021 monthly meeting.
2. The comments shared during the open house before the January, 2021 monthly meeting.
3. The PREP Act (3 years of age is in alignment with the PREP Act).
4. Regulations in other states.

The subcommittee sought to create language that was not potentially problematic, where accomplishments were lost. Therefore, the intent [for the revision] was to strike the right balance.

	<p>Board Chair, Dr. Tamara McCants commends the subcommittee for incorporating the language as states across the country are required to reference as a result of the CARES Act and the amendment that gives the District of Columbia the authorization until 2024. Dr. McCants adds that the subcommittee should consider including the administration of medications as part of the scope of practice of pharmacy. Consequently, pharmacists would administer all injectable medications in lieu of vaccinations only.</p> <p>Dr. Toyin Tefade asks if the revised language will include naloxone. Board Counsel, Ms. Carla Williams states that pharmacists are currently administering naloxone.</p> <p>Dr. Carolyn Price and Dr. Toyin Tefade are in support of the revised language concerning injectable medications.</p> <p>The recommended revisions of the Health Occupations Revision Act (HORA) will be approved [and published for public comment].</p>	
<p>1202-O-06</p>	<p>Draft Changes to Chapter 13 Prescriptions and Distributions</p> <p>"No Call State" Language</p> <p>The subcommittee recommends that the following language is added to Section 1318.1:</p> <p><i>“Unless the prescriber has specified on the prescription that dispensing a prescription for a maintenance medication in an initial amount followed by periodic refills is medically necessary, a pharmacist may exercise professional judgment to dispense varying quantities of medication per fill up to the total number of dosage units as authorized by the prescriber on the original prescription including any refills, so long as the units dispensed do not exceed a one hundred-day supply.”</i></p> <p>In adding this language, the committee considered the following:</p> <ol style="list-style-type: none"> 1. The comments shared during the open session of the October, 2021 monthly meeting. <p>Consequently, the subcommittee agreed that the one hundred (100) day supply is reasonable.</p> <p>The subcommittee also recommends that the following language is added to Section 1318.2:</p> <p><i>“This section does not apply to federal, or District of Columbia scheduled controlled substances.”</i></p> <p>Several states have adopted this pharmacy practice, which is appropriate and advantageous from a cost point of view. This practice</p>	

	<p>allows the pharmacist to use professional judgement and it aligns with [pharmacy practice] in many jurisdictions, without consultation with the prescribing practitioner.</p> <p>Motion: Board Member Dr. Ashlee Bow moves the Board to refer the recommended revisions of Chapter 13 to the Pharmaceutical Control Division.</p> <p>Seconded by: Dr. Allison Hill.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	
<p>1202-O-07</p>	<p>The Workforce Survey</p> <p>The workforce survey is a streamlined and intently more focused, as the Board hopes to understand key information from the District’s pharmacy professionals’ (licensees and registrants) perspective on practice in the District. This information may drive certain decisions on regulatory changes in the future.</p> <p>The workforce survey will be disseminated via email to all licensed pharmacy professionals through a DC Health email address in the near future.</p> <p>Motion: Board Member Dr. Benjamin Miles moves the Board to accept the proposed survey for distribution as presented.</p> <p>Seconded by: Dr. Allison Hill.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p> <p>The committee has identified subject matter for future discussion, some of which is dependent on the responses of the workforce</p>	

	<p>survey. As such, the committee is scheduled to discuss the following matters in 2022:</p> <ul style="list-style-type: none"> ➤ CQI Program/Quality Assurance Program ➤ Pharmacist to Technician Ratio ➤ Tech Check Tech ➤ Central or Remote Processing ➤ Furthering Abilities on Collaborative Practice ➤ Birth Control Prescribing ➤ Continuing Education Credits for Pharmaceutical Detailers (Chapter 83) ➤ Requirements for Technicians (Chapter 99) 	
1202-O-08	<p><u>Communications Subcommittee Report</u></p> <ul style="list-style-type: none"> ➤ The DC Board of Pharmacy’s Newsletter for November, 2021 has been published and disseminated. ➤ The next newsletter will be published in February, 2022. 	Dr. Ashlee Bow
<u>Matters for Consideration</u>		
1202-O-09	<p><u>Technician Trainee Participation in COVID-19 Testing</u> <u>Jeenu Philip, Director, Pharmacy Affairs</u> <u>Walgreen Co.</u></p> <ul style="list-style-type: none"> ➤ Pharmacy Technician Trainees are not authorized to conduct COVID-19 testing. 	
NABP E-Newsletter	<p><u>November 24, 2021</u></p> <p>DEA Proposes to Allow Transfer of Electronic Prescriptions for Schedules II-V CS Between Pharmacies for Initial Filling</p> <p>CDC Provisional Data Shows Record-High Drug Overdoses Driven by Fentanyl</p> <p>FDA Issues Warning to Avoid Compounded Products From Prescription Labs, Inc</p> <p>Drug Diversion Prevention Bill Signed Into Law</p> <p>Cold and Flu Toolkit Available to Raise Awareness on Safe Acetaminophen Use</p> <p><u>November 3, 2021</u></p> <p>FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine For Children Ages 5-11</p>	Dr. Tamara McCants

	<p>Nominate a Colleague or Board of Pharmacy for a 2022 NABP Award by December 31</p> <p>New Study Examines Increased Threat of Online Medication Sales Boosted From Social Media and COVID-19</p> <p>Recall Issued for CUBICIN Due to Presence of Glass Particles</p> <p>DEA's 'One Pill Can Kill' Campaign Helps Raise Awareness About Counterfeit Prescription Drugs</p> <p>More Than 400,000 Counterfeit N95 Masks Shipped to Cleveland Clinic, Some Employees Tested Positive For COVID-19</p> <p>Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/.</p>	
<p><u>Comments from the Public</u></p>	<p><u>Dr. Carolyn Price, DC Pharmacy Association</u></p> <ul style="list-style-type: none"> ➤ Dr. Price thanks everyone who participated in the first citywide RX Conference, which occurred in 2021. Dr. Price shares the highlights of the conference as follows: <ol style="list-style-type: none"> 1. Mr. Wayne Turnage, the Senior Deputy Director for the Department of Health Care Finance was the guest speaker gave an excellent encouraging message to the community pharmacists on the Friday evening. 2. On the Saturday evening, pharmacists spoke on their concerns of practicing, as they emphasized that they are tired, overworked, and under-appreciated. ➤ The association is now guided by the information from community pharmacists on how to relate to its membership, particularly community pharmacist consultants and hospital pharmacists who are currently working in the pharmacy environment in the District of Columbia. ➤ Dr. Price ends by thanking the Board of Pharmacy for conducting the survey and looks forward to the Board's assessment in understanding the practice of pharmacy in the District of Columbia. <p><u>Clara Ni, Medstar Georgetown University Hospital</u></p> <ul style="list-style-type: none"> ➤ Expresses concerns regarding the licensure application process. <p><u>Lama Kanawati, Medstar Washington Hospital Center</u></p> <ul style="list-style-type: none"> ➤ Expresses concerns regarding the licensure application process and the MPJE examination. <p><u>Tonya Wright, Medstar Washington Hospital Center</u></p> <ul style="list-style-type: none"> ➤ Expresses concerns regarding the licensure application process. 	

	<p><u>Juan Gabriel Medrano, DC Pharmacy Association</u></p> <ul style="list-style-type: none"> ➤ The DC Pharmacy Association’s Annual Meeting is scheduled on Saturday, December 18, 2021 at 7:00 pm. <p>Board Chair, Dr. McCants advises that applicants for pharmacist licensure in the District of Columbia may find the District’s pharmacy law at https://dchealth.dc.gov/node/157862. Dr. McCants also encourages applicants to study all of the District’s laws in preparing for the DC MPJE.</p> <p>Interim Executive Director, Dr. Justin Ortique requests that concerns are submitted to him in writing at justin.ortique@dc.gov.</p>	
<p><u>Motion to Adjourn the Open Session</u></p>	<p>Board member, Mr. Alan Friedman moves as follows:</p> <p>“Madam Chair, I move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14).”</p> <p>Seconded by: Dr. Benjamin Miles.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion. Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion Carried.</p>	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at 11:45 AM.

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

899 NORTH CAPITOL ST. NE – 2ND FLOOR.
WASHINGTON, DC 20002

January 6, 2022

9:39 AM – 9:41 AM

OPEN SESSION MINUTES
(VIA ZOOM MEETING DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY)

Board of Pharmacy Mission Statement:

“To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians.”

Open Session Agenda

Quorum: Yes

Introduction:		
Motion to Adjourn the Open Session	<p>Board member, Dr. Benjamin Miles moves as follows:</p> <p>“Madam Chair, I move that the Board close the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14).”</p> <p>Seconded by: Dr. Ashley Bow.</p> <p>Roll Call Vote:</p> <p>Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion Carried.</p>	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at 9:41 AM.

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.

NABP Releases Policy Statement on Pharmacist Safety, Well-Being

NABP <news@nabp.pharmacy>

Wed 1/26/2022 5:31 PM

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

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NABP Supports Efforts to Improve Pharmacist Workplace Safety and Well-Being to Safeguard Patient Safety

NABP has released a policy statement detailing its support of current efforts to improve pharmacist workplace safety and well-being. The issues of pharmacist workload, burnout, and well-being, and their effects on patient safety, have been considered for years, but the coronavirus disease 2019 pandemic has brought concerns related to these issues to the forefront.

[Read the Press Release](#)

NABP, Other Health Care Organizations Support Efforts to Revise NPDB's Basis for Action Codes and Descriptions

NABP and six other health care organizations support efforts to revise the National Practitioner Data Bank's (NPDB's) Basis for Action Code lists for licensure and certification actions to improve consistency and value of the data. In a letter submitted to the Health Resources and Services Administration, the organizations, including NABP, note that until a proposed rule is finalized,

the Basis for Action Code list maintained for the NPDB lacks sufficient guidance.

Boards of pharmacy are required to report to NPDB all final adverse actions taken against health care practitioners, providers, or suppliers. NABP collects and provides the same data through its [NABP Clearinghouse](#) program and can serve as a board's NPDB reporting agent.

[View Proposed Rule Changes](#)

Warning For Prescribers – Risks of Dental Problems Associated With Buprenorphine

Food and Drug Administration (FDA) is warning prescribers about dental problems connected to buprenorphine medicines dissolved in the mouth to treat opioid use disorder and pain. Some dental problems reported in patients include:

- Tooth decay,
- Development of cavities,
- Infections, and
- Erosion in teeth.

FDA noted they are taking several measures to protect the public health, including requiring that a new warning about the risk of dental problems be added to the prescribing information and the patient Medication Guide for all buprenorphine-containing medicines that are dissolved in the mouth.

[Read More](#)

Study Shows Patients Are Putting a High Level of Trust in Pharmacists for Care Management

More patients are trusting their pharmacists to play a larger role in patient care management. New research from Columbia University Mailman School of Public Health in New York City and Express Scripts Pharmacy found that patients had a high to moderate level of trust in pharmacists to complete most care management activities, including prescribing medications (40.5% high trust,

32.4% moderate trust), conducting health and wellness screenings (37.5% high trust, 42.1% moderate trust), and providing disease-specific counseling (33.1% high trust, 44% moderate trust). In addition, more than 79% of patients and 55% of providers found pharmacists to be a reliable source for general health information beyond general medication questions. In the most recent Gallup poll, pharmacists ranked as the [fourth](#) most honest and ethical profession.

[Read More About Trust in Pharmacists](#)

Lohxa LLC Issues Voluntary Recall of Senna Syrup

Lohxa LLC, has issued a voluntary recall of Senna Syrup 8.8mg/5mL due to microbial contamination. Infections may occur in individuals who use the contaminated product that have a weakened immune system, are elderly, or at high risk of developing inflammation of the heart. Additional information, including lot numbers and specific recall instructions, is available on FDA's website. Lohxa LLC is contacting distributors and customers by letter and arranging for return of all recalled products.

Adverse reactions or quality problems experienced with the use of this product may be reported to FDA's [MedWatch](#) Adverse Event Reporting program.

[Read the Announcement](#)

Adults and Type 1 Diabetes – How Pharmacists Can Help

Support for patients with Type 1 Diabetes (T1D) is key as T1D management requires a significant level of knowledge and skill to manage complex medication regimens, adopt behavioral changes, and navigate hypoglycemia and hyperglycemia.

Pharmacists can play a significant role in this management by offering diabetes education classes, referring patients to dietitians, reinforcing treatments, helping family and friends understand how to use glucagon in emergency situations, and assisting with information on exercise programs.

New York to Install Public Health Vending Machines

NABP <news@nabp.pharmacy>

Wed 1/19/2022 4:31 PM

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

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New York City to Install Public Health Vending Machines With Naloxone, Other Supplies to Combat Opioid Epidemic

In a new step toward protecting the lives of those struggling with opioid use disorder, New York City is establishing a program that will install public health vending machines (PHVMs) throughout the city to aid drug users disproportionately impacted by overdoses. In 2020, the New York City Department of Health and Mental Hygiene reported 2,062 individuals died from unintentional overdoses. The PHVMs will be in 10 different spots across New York City and will dispense:

- Sterile syringes,
- Naloxone, and
- Other health supplies to fight overdoses.

[Learn More](#)

NABP Explores Regulatory Trends on E-Prescribing and the Impact on the Opioid Epidemic

Before Drug Enforcement Administration published an interim final rule in 2010, which gave practitioners the option to write prescriptions for controlled substances (CS) electronically, e-prescribing for CS was prohibited in many states. Now, 11 years later, the regulatory and technological landscape has shifted significantly. As part of the larger effort to curb the opioid crisis, many states are now (or will soon be) mandating e-prescriptions for certain CS. NABP explores this changing landscape and the recent regulatory trends surrounding e-prescribing and the impact on curbing the opioid epidemic in its January 2022 issue of *Innovations*[®] (pages 5-7).

Read the January 2022
Innovations

January 25 FDA Drug Topics Webinar Provides Overview of Biosimilar and Interchangeable Biosimilars

The next Food and Drug Administration (FDA) Drug Topics webinar, *Biosimilar and Interchangeable Biosimilars: Review of Scientific Concepts, Case Studies, and Resources*, will be held on January 25, 2022, at 12 PM CST. The webinar will provide an intermediate review of the scientific and regulatory bases for the biosimilar and interchangeable biosimilar approval pathway.

This webinar is intended for physicians, physician assistants, nurses, pharmacists, pharmacy technicians, certified public health professionals, other health care professionals, and students.

Additional information, including how to register, an overview of the webinar, and related continuing education credits, is available on the Division of Drug Information Webinars section of the FDA [website](#).

Learn More and Register

FDA Continues to Resolve iPLEDGE Data, Access Issues

FDA announced an update to the ongoing progress from Isotretinoin Products Manufacturers Group (IPMG) regarding the iPLEDGE Risk Evaluation and Mitigation Strategy program. IPMG created a new tool to help resolve account

access for some users without using the call center. Users should check their email and spam folders for messages from iPLEDGE.

FDA will continue to update iPLEDGE users and the public on the ongoing progress being made by IPMG to restore access for all users.

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