Regulatory Update: EPA Final Rule on Hazardous Waste Pharmaceuticals

For your information, below is a recent update from the American Society of Consultant Pharmacists (ASCP):

On February 22, 2019, the Environmental Protection Agency (EPA) published their long anticipated final rule governing Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine. The new rule revises management standards for hazardous waste pharmaceuticals (HWPs) for skilled nursing, nursing, and inpatient hospice facilities. The new regulations set forth in the EPA final rule will become effective on August 21, 2019.

The final rule makes substantive changes to Subpart P of The Resource Conservation Recovery Act (RCRA) which determines how healthcare facilities and reverse distributors manage their HWPs. The agency believes that these new management standards will benefit pharmacists by creating a streamlined process specifically crafted for healthcare HWPs.

One of the most notable changes under the final rule is the new requirement governing all healthcare facilities (including nursing homes and long term care pharmacies) that prohibits sewering (pouring or flushing down a toilet or drain) of all HWPs. In addition to the sewering ban, this rule also establishes a regulatory framework for the management of HWPs through the use of reverse distributors and creates a single rule that governs the disposal of DEA controlled substances that are also HWPs.

NICOTINE: Under the provisions of this rule, EPA has determined that patches, gums, and lozenges do not meet the regulatory criteria for acute hazardous waste and may be disposed of as non-HPW.

“Subpart P Impact on Long-Term Care
This brief summary attempts to prepare long-term care facilities, namely long-term care pharmacies and skilled nursing facilities, for the changes in the management of pharmaceutical waste that will begin on August 21, 2019. However, while Subpart P goes into effect on the above date, each provision of Subpart P, except for the sewering ban, will not go into effect in states with authorized hazardous waste programs until those states adopt their own generator requirements per EPA regulations. The sewering ban will be effective in every state under Federal law on August 21, 2019.

Since states may control other provisions of Subpart P, it is possible that certain states may include stricter hazardous waste requirements than the regulations outlined in EPA’s final rule. Given the considerable state latitude, long-term care facilities need to closely monitor new and evolving policies in their respective state(s).

(Note: USP 800 will go into effect December 1, 2019 and will include an updated list of medications considered hazardous waste. Pharma-Care, Inc.’s Education Committee is examining the changes and will have further information available in the next Quarterly Connection.)

Medications with BP/Pulse Parameters
Antihypertensive medications that require “hold” parameters need to be carefully reviewed and followed appropriately. In many instances, we are finding that these medications are being given without taking a blood pressure/pulse OR given outside of the indicated parameters. In some cases, nurses are using blood pressures that are not immediately prior to the dose.

Please be more diligent with respect to medications with parameters. If the BP and pulse have been stable, request the physician review and discontinue where appropriate.

New Inservices Available to PCI Clients
Among the benefits for our clients, Pharma-Care, Inc. has available a timely and relevant library of inservices to meet your needs. We regularly review, update, and add topics. To date in 2019, we have added or updated the following inservices:

- Insulin: Pharmacokinetics, Compatibility & Properties
- Nebulizer Solutions for COPD/Asthma
- Veltassa (patiromer) for Oral Suspension
- Inhalers: Products & Information
- Dialysis 101
- Do Not Crush List
- Psychoactive Monitoring
- Federal Regulations DEA Form 222
- Internal Narcotic Audit Checklist

To see the complete library of available inservices or to arrange an inservice for your staff, contact your Pharma-Care, Inc. consultant pharmacist.
**PCI Packs 10K Meals for Needy**

Staff meetings at Pharma-Care, Inc. usually consist of a morning of pharmaceutical education followed by breakout sessions. But on May 21, employees instead participated in a community service initiative developed by *Rise Against Hunger*, an international hunger relief organization that distributes food and life-changing aid to the world's most vulnerable populations. Over 10,000 meal packages were measured, packaged, and boxed for delivery to needy third world countries.

*Rise Against Hunger* welcomes volunteer groups and companies of all sizes to host meal packing events. Pharma-Care, Inc. CEO, Scott Blumberg, was introduced to the organization's projects when his synagogue sponsored a similar meal packing event. He was so impressed with the camaraderie and feeling of good-will generated by the experience that he decided to host a similar event for his employees. “The *Rise Against Hunger* meal packing program was a way to honor our commitment to corporate responsibility as well as providing a fun team-building experience,” said Blumberg. “Our pharmacists are spread throughout the state and don't often have many opportunities to interact. This event provided an opportunity for them to work together towards a meaningful goal. I was very proud of the enthusiasm and spirit shown by the Pharma-Care staff.”

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**EPIC Corner**

**Electronic Pharmacist Information Consultant**
(Medication reviews within 48 business hours)

**EPIC Phone:** 732-943-3573  
**EPIC Fax:** 732-574-3469 or 3926  
**Email:** epic@pharmacareinc.com

**Clinically Significant**

When EPIC identifies a “clinically significant” finding, it is noted in the EPIC report and an alert is also posted on the cover sheet. When noted, the nurse or MDS coordinator needs to contact the prescriber. The prescriber has 24 hours to respond. This is a very important function and must not be overlooked. The nurse or MDS coordinator will then note the response into the medical record and effect any changes.

During May 2019, over 8 per cent of submissions had a clinically significant finding. In a few cases there were more than one.

Reviewing the EPIC process: EPIC will process a report within 48 hours of receipt of request from the facility. When alerted to a clinically significant finding by the facility, the prescriber has 24 hours to respond to the facility.

As November 2019 fast approaches, feel free to contact EPIC about participating in the EPIC antibiotic stewardship program.

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**21st Annual Conference of the NJ Long-Term Care Leaders**

**Age-Friendly Health Systems:**
Rethinking an approach to goals of care, quality of life, stress & burnout

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