Pharma-Care, Inc. founder, Harlan Martin, was posthumously awarded the prestigious Richard S. Berman Service Award at the 50th annual meeting of the American Society of Consultant Pharmacists (ASCP) on November 7 in Texas. This lifetime achievement award is conferred annually to an individual for outstanding service and dedication to ASCP. The Richard S. Berman Service Award recognizes the contributions made by an individual who fosters the goals of the Society and has made significant contributions to ASCP including sustained and exemplary service of at least five years.

Accepting the award were his son Ross Martin, daughter Rachel Blumberg, and son-in-law Scott Blumberg, current CEO/CFO of Pharma-Care, Inc.

Guidance Regarding the Implementation of USP <800>
The NJ Board of Pharmacy recently communicated the following important information for the compounding community regarding the implementation of USP <800>.

“USP <800> will become effective on December 1, 2019 in New Jersey pursuant to the regulations of the New Jersey Board of Pharmacy (the Board). The purpose of this guidance document is for the Board to provide information and direction to those pharmacists performing hazardous sterile and non-sterile compounding after December 1, 2019. If a pharmacy is not performing any compounding, the Board’s regulations requiring compliance with USP <800> do not apply to that pharmacy. Please review the guidance document at the link below in its entirety for the complete details regarding compliance with USP <800>.”

To read the document in its entirety, use the following web address:

New DEA 222 Form
The Drug Enforcement Administration (DEA) has amended its regulations to implement a new single-sheet format for DEA Form 222 used by DEA registrants to order schedules I and II controlled substances. The rule provides for a two-year transition period during which the existing triplicate version of the forms may continue to be used. The rule also includes a number of minor procedural changes. This rule became effective October 30, 2019.

The new DEA 222 forms are preprinted with the purchaser information, the order number, and the date issued. Instructions for completing the form can be found on the reverse of the form.

• Make a photocopy of the completed form prior to sending it to the pharmacy provider. The provider will

(Continued on reverse)
New DEA 222 Form (Continued from reverse)

- Complete the form with the number and date received on each line item.
- File the completed forms and any that are voided in numerical order. DEA order forms must be maintained separately for a period of two years after the date on the order form.

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

Please remember, if your facility is accessed directly by EPIC, there is no need to fax requests to the EPIC office. This reduces the possibility that your facility may be double billed. Adjustment of billing takes time and resources on both parties to rectify the situation.

Please note that a review will be processed within 48 hours of receipt at the EPIC office. If there is a CLINICALLY SIGNIFICANT finding, it will be noted on the cover sheet and within the EPIC report. Your facility has the responsibility to notify the prescriber upon receipt and the prescriber has the responsibility to respond to the finding within 24 hours.

Please note that EPIC offers antibiotic stewardship reports. Should you be interested, please contact the EPIC office at 732-943-3573.

Importance of Hand Washing

One of the best ways to cut down on antibiotic-resistant E. coli infections is to make sure that everyone washes their hands after using the toilet, a UK study suggests.

That suggests the infection is primarily being spread as a result of human fecal particles transmitted from person to person, the study team writes in *Lancet Infectious Diseases*.

(From Reuters Health News, Nov. 22, 2019)

CDC: PCV13 No Longer Recommended for All Older Adults

The Centers for Disease Control and Prevention (CDC) have released updated recommendations regarding the use of 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (PPSV23) among adults aged 65 years and older. The new recommendation serves as an update to the 2014 guidance from the Advisory Committee on Immunization Practices (ACIP) which recommended that all adults aged 65 years and older receive both the PCV13 and PPSV23 vaccines.

The 2014 recommendation was expected to be reevaluated, as the ACIP expected that the use of PCV13 in children would reduce the burden of disease among adults. In June of 2019, following a review of available evidence from the previous three years which showed that, although PCV-13-type IPD in older adults declined 9-fold during 2000-2014, minimal changes in the incidence of pneumococcal disease among adults were observed. “Incidence of PCV13-type disease has been reduced to historically low levels among adults aged ≥65 years through indirect effects from pediatric PCV13 use. Implementation of a PCV13 recommendation for all adults aged ≥65 years in 2014 has had minimal impact on PCV13-type disease at the population level in this age group,” they wrote.

“However, PCV13 is a safe and effective vaccine that can reduce the risk for PCV13-type invasive pneumococcal disease and noninvasive pneumonia among persons aged ≥65 years. Balancing this evidence and considering acceptability and feasibility concerns, in June 2019 ACIP voted to no longer routinely recommend PCV13 for all adults aged ≥65 years and instead, to recommend PCV13 based on shared clinical decision-making for adults aged ≥65 years who do not have an immunocompromising condition, CSF leak, or cochlear implant.”

(From Annals of Long-Term Care, Dec. 4, 2019)