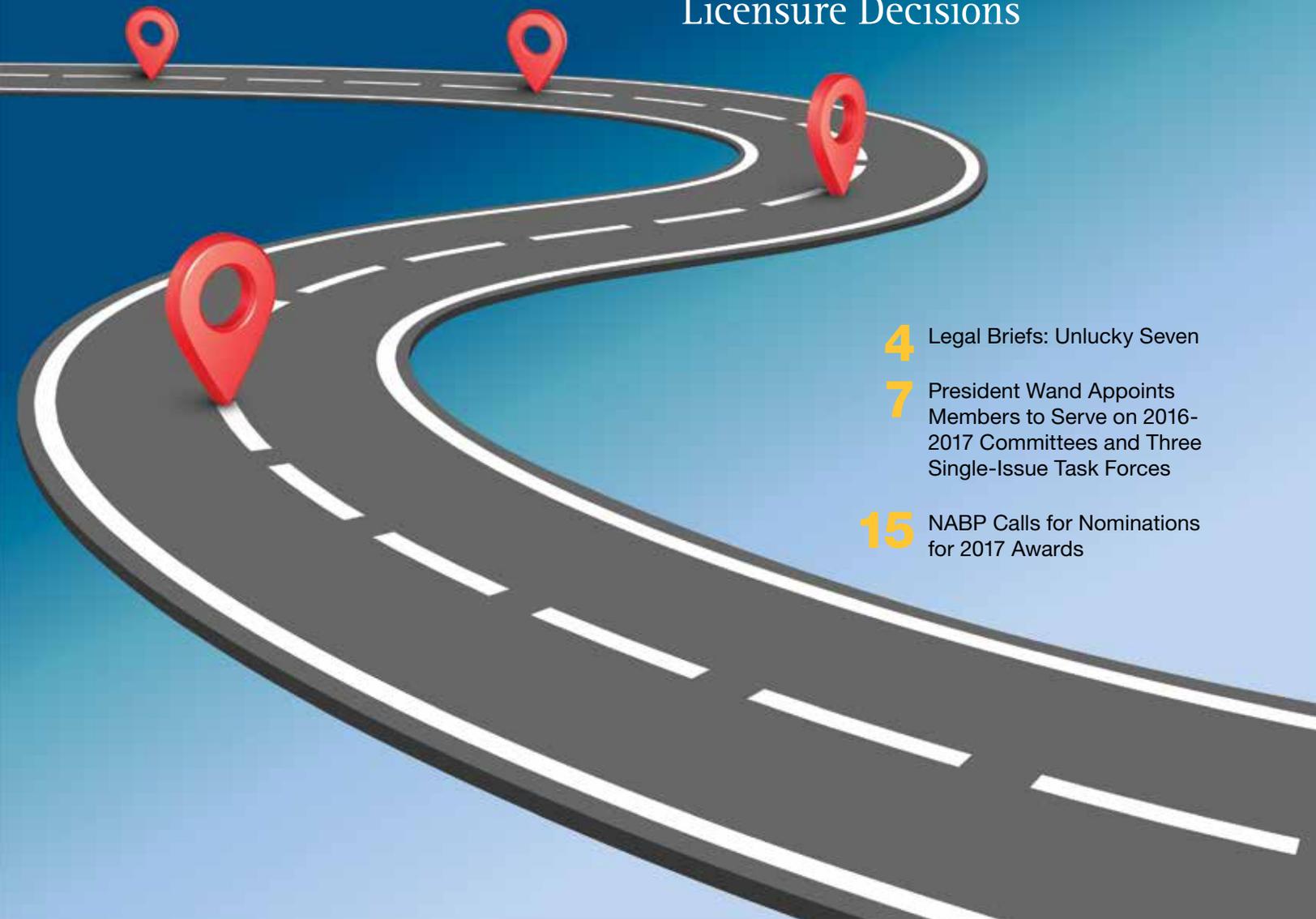


# INNOVATIONS



## *Retracing the Road*

► The Development of  
Inspection and Data Sharing  
Tools to Support Pharmacy  
Licensure Decisions



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**7** President Wand Appoints  
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**Hal Wand**  
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Member, District 7

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Member, District 8

*NABP Executive  
Committee elections  
are held each year at the  
Association's Annual  
Meeting.*

### Innovations

(ISSN 2472-6850 – print; ISSN 2472-6958 – online) is published 10 times a year by the National Association of Boards of Pharmacy® (NABP®) to educate, to inform, and to communicate the objectives and programs of the Association and its 66 member boards of pharmacy.

The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABP or any board unless expressly so stated. The subscription rate is \$70 per year.

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NABP is the independent, international, and impartial association that assists its member boards and jurisdictions for the purpose of protecting the public health.

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# Interview With a Board Executive Director



**Allison Dudley, JD,  
Former Executive Director,  
Florida Board of Pharmacy**

## **Allison Dudley, Former Executive Director, Florida Board of Pharmacy**

*Editor's Note: As of October 6, 2016, Allison Dudley is now serving as assistant attorney general for the State of Florida, Office of the Attorney General.*

### **How long have you served as executive director of the Florida Board of Pharmacy? What was your role prior to working with the Board?**

I have worked in health care regulation since 2006. In February 2015, I became the executive director of the Florida Board of Pharmacy after previously serving as the executive director of the Florida Board of Medicine for two years. Prior to serving as executive director, I had represented the Board of Pharmacy as its legal counsel for three years.

### **What is one of the most significant challenges or issues your board addressed in the past year or so?**

In 2015, the Board of Pharmacy started receiving increasing complaints from patients who could not get their prescriptions for controlled substances filled. In order to address these increasing complaints, the Florida Board of Pharmacy formed the Controlled Substances Standards Committee, which includes nonvoting members who are pain management physicians, wholesale drug distributors, and corporate pharmacy chain representatives. The committee was focused on finding solutions and took significant time to hear from patients, physicians, and pharmacists. After meeting several times, the committee recommended that the Board of Pharmacy and the Board of Medicine hold a joint meeting to discuss issues relating to pain medication dispensing and prescribing. The two boards met on April 6, 2016. During the meeting, the members of each board discussed the cross-practice issues relating to prescribing and dispensing controlled substances.

### **What actions were taken by the Board to address the issue?**

The Controlled Substances Standards Committee redrafted Rule 64B16-27.831, Standards of Practice for the Dispensing of Controlled Substances for Treatment of Pain. The new rule provides guidance for pharmacists for validating a prescription and creates standards for pharmacists to follow when refusing to fill a prescription. The rule also requires all pharmacists to complete a two-hour continuing education course on the validation of prescriptions for controlled substances. The rule became effective on December 24, 2015.

The rule requires the pharmacist to take the following steps prior to refusing to fill a prescription:

1. Initiate communication with the patient or their representative.
2. Initiate communication with the prescriber or their agent.
3. In lieu of either subparagraph 1 or 2, but not both, the pharmacist may elect to access the Prescription Drug Monitoring Program database to acquire information relevant to the pharmacist's concerns.

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## **Florida Board of Pharmacy**

**Number of Board Members:** 7 pharmacist members and 2 public members

**Number of Compliance Officers/Inspectors:** 18

**Rules and Regulations Established by:** Board of Pharmacy

**Number of Pharmacist Licensees:** 30,212

**Number of Pharmacies:** 8,869 (in-state)

**Number of Wholesale Distributors:** 237

## Unlucky Seven



**Attorney Dale J. Atkinson, JD,** outside counsel for NABP, is a partner in the law firm of Atkinson & Atkinson.

**B**oards of pharmacy are statutorily created and legislatively delegated with the authority to regulate the practice of pharmacy in the interest of the health, safety, and welfare of the public. The statutory language enacted and signed into law sets the parameters of board authority. It is critical that such language clearly articulate the duties and responsibilities of the board. The board promulgates rules/regulations to add needed expertise and specificity to the practice act. Of course, some legal ambiguities may exist that provide flexibility to the board for purposes of interpretation of, for example, scopes of practice or grounds for discipline. The language of the statutes and rules/regulations identifies the expectations of the practitioners and justifies adverse action when such laws are proven to have been violated.

Equally important is that the board accurately cite the relevant statutes and rules/regulations when imposing discipline on a respondent. The allegations of wrongdoing, notice to the respondents, and eventual final orders must cite the relevant law(s) and relate to the proven facts that establish the grounds for discipline. Consider the following.

A pharmacist-in-charge (PIC) was involved in two incidents where prescriptions were misfilled, resulting in adverse reactions by patients. Both misfills involved the actions of technicians overseen by the PIC. Specifically, on February 4, 2013, a prescription for a CombiPatch® 0.05 mg/0.14 mg transdermal was filled by the technician with a CombiPatch 0.05 mg/0.25 mg transdermal. On February 19, 2013, a prescription for

losartan 50 mg tablets for high blood pressure was filled with lovastatin 20 mg tablets. Losartan tablets are white, oblong, and marked “LU/P22.” Lovastatin tablets are green, round, and marked with “LU” on one side and “GO2” on the other. The PIC did not detect the errors, and the medications were dispensed.

Based upon these errors, the New Hampshire Board of Pharmacy (Board) disciplined the PIC, citing New Hampshire Statute 318:29, II(d), which states that misconduct sufficient to support disciplinary actions includes: “Behavior which demonstrates a clear conflict with the basic knowledge and competence expected of licensed pharmacists or any particular aspect or specialty of the practice of pharmacy.”

The Board found that the PIC failed to verify that the prescriptions were correctly filled and, thus, violated the above statute. The Board reprimanded the PIC, assessed him an administrative fine of \$2,000, and required him to complete five additional hours of continuing education in medication safety. The PIC appealed the ruling to the New Hampshire Supreme Court.

On appeal, the PIC argued that the Board failed to give him notice of the decision within seven days from the date of the Board vote to discipline. New Hampshire rules require the Board to provide written notice to the parties “within 7 days after the date of decision.” The court found that the rules do not mandate notice within seven days after the “vote” as argued by the PIC. Instead, the court found that the notice was provided to the PIC within seven days of the decision, differentiating between the vote date and decision date. Further, the court

found no prejudice to the PIC based upon any alleged delay in notice. Thus, this argument was rejected.

The PIC also argued that the Board considered reasons other than the dispensing errors as a basis for discipline. The court again found that there was no basis to support this argument and rejected the claims of the PIC.

Next, the PIC argued that the Board erred by not ruling separately on each of his proposed findings of fact. New Hampshire law provides that where proposed findings of fact are submitted, the Board's decision shall include a ruling on each proposed finding. In this case, the Board issued a six-page narrative order with findings of fact and rulings of law. Finding the PIC's proposed facts to be broad statements of public policy and general conclusions, the court concluded that the Board was not required to separately rule on each proposal.

The PIC also argued that the Board erroneously found him to have violated a specific rule by stating that he failed to ensure that the medications dispensed conformed with the prescriptions issued. In actuality, the rule lists the duties of the PIC to include "[e]stablishing

quality assurance guidelines to ensure the medication dispensed is in conformance with the prescription received." Based upon the fact that the Board made no finding that the PIC failed to establish such quality assurance guidelines and upon the court's conclusion that the record does not so establish such finding, the court remanded the matter to the Board for additional proceedings. The court noted that the applicable rule did not require the PIC to ensure there would be no dispensing errors, but did require him to establish guidelines designed to achieve that result.

Last, the court noted that it generally defers to the expertise of the Board to determine misconduct findings. But in this case, the court found it necessary to remand the case to the Board.

This case illustrates the importance of language in both the law and in the administrative rulings. The Board must determine when a matter is final and thus subject to the seven-day notice. It further must interpret the rules related to errors in filling a prescription or guidelines designed to ensure prescriptions are filled correctly pursuant to the prescription.

*Appeal of Callahan*, 2016 NH LEXIS 62 (NH 2016) ■

“The court noted that the applicable rule did not require the PIC to ensure there would be no dispensing errors, but did require him to establish guidelines designed to achieve that result.”

## Free Regulatory Resources Available to Member Boards on the NABP Website

Check out the following regulatory resource documents available to member boards for download in the Publications and Reports section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

- *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*

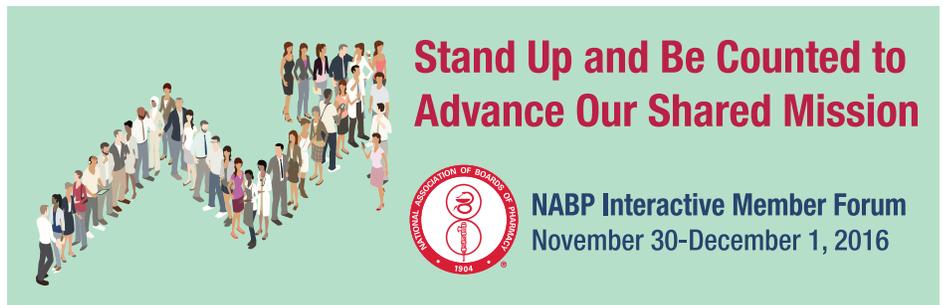
- *The NABP State Boards of Pharmacy Member Manual*

## Interactive Forum Provides Opportunities for Collaboration, Networking Among Board Members

As part of the fall 2016 NABP Interactive Forum series, themed “Stand Up and Be Counted to Advance Our Shared Mission,” NABP will be hosting a forum on November 30 and December 1, 2016, tailored specifically to board of pharmacy members.

The Interactive Member Forum will take place over two half-day sessions. During the forum, attendees will have the chance to meet with their peers to discuss regulatory trends and challenges faced by their boards. In addition, the meeting will include presentations on timely and relevant topics developed directly from suggestions submitted by attendees in advance of the meeting.

Executive officers are invited to select one member from their board to attend the Interactive Member Forum. Participation requests will be sent by late October. Like the



October 2016 Interactive Executive Officer Forum, travel, hotel accommodations, and meals will be paid by NABP and there is no registration fee for the meeting.

The meeting will be held at the Loews Chicago O’Hare Hotel in Rosemont, IL.

The goal of the Interactive Forums is to facilitate interaction among boards from across the country and provide closed sessions to discuss important and timely issues related to pharmacy regulation. Participants

of past forums have noted that the events allowed “free exchange of ideas” and an opportunity to “share one-on-one with other boards.”

The Member Forum is held biannually, alternating with the forum geared toward board compliance officers and legal counsel, which will return in fall 2017.

For more information about the forums, please contact the NABP Executive Office at [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy) or at 847/391-4406. ■

### Allison Dudley

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#### What other key issues has the Board been focusing on?

Since the 2012 New England Compounding Center tragedy, the Florida Department of Health and Board of Pharmacy have taken aggressive measures and made rule changes to provide for safer compounded products for patients. The Board took immediate measures to ensure the safety of patients both in and out of Florida by requiring all pharmacies engaged in sterile compounding to demonstrate compliance with United States Pharmacopeia (USP) Chapter <797>. Outsourcing facilities are required to demonstrate compliance with current

Good Manufacturing Practices. To help ensure compliance with the standards, the Board of Pharmacy and the Department of Health have held two one-day workshops with over 500 people in attendance to educate industry stakeholders on compliance with USP <797>.

The Board continues to hold committee meetings to review and discuss the standards for sterile compounding. The Board is committed to hearing from industry stakeholders concerning the regulations and has been willing to make changes when necessary. The Board recently created a new chapter exclusively for the licensure of nonresident pharmacies. These pharmacies have different permitting requirements, and the creation of the new chapter will reduce confusion

and streamline the licensure process for nonresident pharmacies and outsourcing facilities.

#### What insights do you have for other states that may be facing similar challenges?

The issues that led to the creation of the Controlled Substances Standards Committee highlighted the value of working collaboratively with other health care practitioners, such as physicians. By bringing all of the stakeholders to the table, everyone was presented with a problem and was able to work collaboratively to find solutions to the problem. As a result of this collaborative effort, there have been positive results for physicians, pharmacists, and patients. ■

## President Wand Appoints Members to Serve on 2016-2017 Committees and Three Single-Issue Task Forces

NABP provides guidance on current topics of interest to the state boards of pharmacy through the commissioning of single-issue task forces. When an issue arises that requires special expertise or a commitment of time and funds, a task force is appointed to address an explicit charge and to report its findings to the NABP Executive Committee. When finalized, task force reports are published on the NABP website. For 2016-2017, NABP has commissioned three single-issue task forces pertaining to the following topics:

- Regulation of telepharmacy practice,
- Expanding international membership, and
- Assessing communication skills of candidate pharmacists.

NABP President Hal Wand, MBA, RPh, has finalized his appointments for the following task forces and standing committees for this year.

### 2016-2017 Task Forces

The **Task Force on the Regulation of Telepharmacy Practice** will meet on October 24-25, 2016, in Rosemont, IL. The task force was established in response to Resolution No. 112-5-16, passed at the NABP 112<sup>th</sup> Annual Meeting. The resolution states that the purpose of the task force is to pursue the development and adoption of licensing processes for telepharmacy that protect the public, retain board of pharmacy jurisdiction for such practices, and allow for the development of practice models that are not unnecessarily restricted.

The task force is charged with the following objectives:

1. Examine the need for the development and adoption of licensing processes that protect the public, retain board of pharmacy jurisdiction for such practices, and allow for the development of practice models that are not unnecessarily restricted.
2. Review existing state laws and regulations addressing telepharmacy and relevant *Model State Pharmacy Act* and *Model Rules of the National Association of Boards of Pharmacy (Model Act)* language.
3. Recommend revisions, if necessary, to the NABP *Model Act* addressing this issue.

Chairperson of this task force is Lee Ann F. Bundrick, RPh, chief drug inspector/administrator, South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy.

Individuals appointed to serve as members include:

- Freeda Cathcart, Virginia Board of Pharmacy

- Kam Gandhi, PharmD, RPh, Arizona State Board of Pharmacy
- Patty Gollner, PharmD, RP, Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit
- Mark J. Hardy, PharmD, RPh, North Dakota State Board of Pharmacy
- Lisa Hunt, RPh, Wyoming State Board of Pharmacy
- Douglas Lang, RPh, Missouri Board of Pharmacy
- Tamara McCants, PharmD, RPh, District of Columbia Board of Pharmacy
- Robert “Joey” McLaughlin, Jr, RPh, North Carolina
- Bradley Miller, PhTR, Texas State Board of Pharmacy
- Penny Reher, RPh, Oregon State Board of Pharmacy
- Karen M. Ryle, MS, RPh, Massachusetts
- Dennis Wiesner, RPh, Texas State Board of Pharmacy

Kerstin Arnold, JD, of the Texas State Board of Pharmacy; Keysha Bryant, MBA, PharmD, RPh, of Florida; and Michael A. Podgurski, RPh, of Pennsylvania will serve as alternates. The Executive Committee liaison is Philip P. Burgess, MBA, DPh, RPh.

The **Task Force on Expanding International Membership** is scheduled to meet on November 8-9, 2016, in Rosemont, IL. The task force was established by NABP President Hal Wand as one of his 2016-2017 presidential initiatives. The goal of this task force is to determine the feasibility of allowing international boards to become active members of NABP.

The task force is charged with the following objectives:

1. Review the differences and commonalities of various international boards of pharmacy.
2. Explore the feasibility of allowing international boards to become active members.
3. Recommend, if necessary, amendments to the NABP Constitution and Bylaws for the Committee on Constitution and Bylaws to review.

Chairperson of this task force is Gayle D. Ziegler, RPh, member, North Dakota State Board of Pharmacy.

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## Task Forces, Committees

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Individuals appointed to serve as members include:

- Buford Abeldt, Sr, RPh, Texas State Board of Pharmacy
- Howard C. Anderson, Jr, RPh, North Dakota State Board of Pharmacy
- Malcolm J. Broussard, RPh, Louisiana Board of Pharmacy
- Richard Cieslinski, RPh, Washington
- Bradley Hamilton, RPh, Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation – Board of Pharmacy
- Cathy Lew, RPh, Oregon
- Gene Minton, RPh, North Carolina Board of Pharmacy
- Tejal Patel, RPh, Delaware State Board of Pharmacy
- Phyllis Stine, BS, Texas State Board of Pharmacy
- Cynthia “Cindy” Warriner, RPh, Virginia Board of Pharmacy

Chuck Young, RPh, CFE, of Massachusetts, and Jenny Yoakum, RPh, and Isaac “Chip” Thornsburg, both of the Texas State Board of Pharmacy, will serve as alternates. The Executive Committee liaison is Richard B. Mazzoni, RPh.

The **Task Force on the Pharmacist Integrated Communication Skills Examination** is scheduled to meet on December 13-14, 2016, in Rosemont, IL. The task force will convene to address the concept of assessing the communication skills of candidate pharmacists as part of the licensing process.

The task force is charged with the following objectives:

1. Review the present status of pharmacy competency assessment as it relates to pharmacists’ communication skills.
2. Discuss the concept of a pharmacist integrated communication skills examination.

Chairperson of this task force is Roger Fitzpatrick, RPh, member, Utah Board of Pharmacy.

Individuals appointed to serve as members include:

- Susan Alverson, PharmD, RPh, Alabama State Board of Pharmacy
- Daphne Bernard, PharmD, RPh, District of Columbia Board of Pharmacy

- Michael Bertagnolli, MBA, RPh, FACHE, Montana Board of Pharmacy
- Jim Bracewell, BBA, Georgia State Board of Pharmacy
- Rebecca Deschamps, RPh, Montana Board of Pharmacy
- Randy Forbes, JD, Kansas State Board of Pharmacy
- Maria Mantione, PharmD, RPh, CGP, FAPhA, New York State Board of Pharmacy
- John Marraffa, Jr, RPh, New York State Board of Pharmacy
- Brenda McCrady, RPh, Arkansas State Board of Pharmacy
- Richard A. Palombo, RPh, New Jersey State Board of Pharmacy
- Rebecca “Suzette” Tijerina, RPh, Texas State Board of Pharmacy
- Stuart Williams, JD, Minnesota Board of Pharmacy

Allison Benz, MS, RPh, of Texas and Larry Pinson, PharmD, RPh, of the Nevada State Board of Pharmacy will serve as alternates. The Executive Committee liaison is Caroline D. Juran, RPh, DPh.

## 2016-2017 Standing Committees

As authorized by the NABP Constitution and Bylaws, the Association’s standing committees annually perform specific responsibilities that are essential to the success of NABP’s programs. Once a committee has explored its assigned issues, the members submit recommendations to the NABP Executive Committee for consideration.

The **Committee on Law Enforcement/Legislation** will meet on January 24-25, 2017, in Rosemont, IL. The committee is charged with the following tasks:

1. Review and comment on existing legislation and rules for the practice of pharmacy, legal distribution of drugs, and related areas within pharmacy, including impaired pharmacists.
2. Develop model regulations for pharmacy as assigned by the Executive Committee, or from resolutions adopted by the members of the Association, or from reports of the other committees of the Association.
3. Recommend to the Executive Committee areas where model regulations are needed in pharmacy for improving the protection of the public health.

David W. Dryden, JD, RPh, executive secretary, Delaware State Board of Pharmacy, will serve as the committee chairperson. Committee members include:

- Jody H. Allen, PharmD, RPh, Virginia Board of Pharmacy

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## NABP Assists PTCB With Monitoring Pharmacy Technician Disciplinary Actions

To assist the Pharmacy Technician Certification Board (PTCB) in monitoring disciplinary actions taken against certified pharmacy technicians, NABP has granted PTCB access to view this data in the NABP Clearinghouse via NABP e-Profile Connect. By providing PTCB access to disciplinary data on technicians, PTCB will be able to better monitor technicians' misconduct and initiate actions against technicians who have violated the PTCB code of conduct.

NABP and PTCB piloted a project in 2015 to synchronize NABP e-Profile IDs to match PTCB's certification information. An NABP e-Profile ID is assigned to each profile in the

Clearinghouse database. This unique identifier accurately identifies an individual and will be synchronized with his or her PTCB certification information.

In the future, PTCB will allow applicants for PTCB certification to input their NABP e-Profile ID when creating their profile within PTCB's system. Ongoing profile synchronization will allow the NABP e-Profile system to include immediate and accurate PTCB certification information. To date, more than 314,489 pharmacy technicians have an NABP e-Profile.

Of the 1,135 actions taken in the second quarter of 2016, 165 actions were taken against pharmacy

technicians. Refer to page 13 for more information on the NABP Clearinghouse. Additional information about the NABP Clearinghouse is available in the Member Services section on NABP's website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

In 2002, NABP joined with PTCB as a full partner and member of the PTCB Board of Directors. NABP's joint partnership with PTCB is part of the Association's efforts to ensure that qualified pharmacy technicians are available to assist pharmacists throughout the United States. ■

### Task Forces, Committees

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- Lemrey "Al" Carter, MS, PharmD, RPh, Illinois Department of Financial & Professional Regulation, Division of Professional Regulation – State Board of Pharmacy
- Reginald B. "Reggie" Dilliard, DPh, Tennessee Board of Pharmacy
- Michael Dupuis, MHA, RPh, New Hampshire Board of Pharmacy
- Diane Halvorson, RPhTech, CPhT, North Dakota State Board of Pharmacy
- Alice G. Mendoza, RPh, Texas State Board of Pharmacy
- Steven W. Schierholt, Esq, State of Ohio Board of Pharmacy
- Tom Van Hassel, MPA, RPh, Arizona State Board of Pharmacy

The Executive Committee liaison is Gay Dodson, RPh.

The **Committee on Constitution and Bylaws** will meet by teleconference on April 12, 2017. The charge of this

committee, as defined by the NABP Constitution and Bylaws, is to review proposed amendments to the Constitution and Bylaws, suggest changes where appropriate, and issue a recommendation for each proposed amendment.

Suzan Kedron, JD, member, Texas State Board of Pharmacy, will be the committee chairperson. Committee members also include:

- Laura Forbes, RPh, Virgin Islands Board of Pharmacy
- Dennis K. McAllister, RPh, FASHP, Arizona State Board of Pharmacy
- Jeenu Philip, RPh, Florida Board of Pharmacy
- Jan Shatto, RPT, CPhT, Wyoming State Board of Pharmacy

Debbie Chisolm, RPh, of the Connecticut Commission of Pharmacy and Christopher Dembny, RPh, of the Texas State Board of Pharmacy will serve as alternates. The Executive Committee liaison is Timothy D. Fensky, RPh, DPh, FACA. ■

# Retracing the Road



## The Development of Inspection and Data Sharing Tools to Support Pharmacy Licensure Decisions

In October 2012, as boards of pharmacy members, executive officers, and NABP staff began to learn of the multistate fungal meningitis outbreak, Association members immediately took steps to collaborate and pave a path toward improved safety for compounded medications.

Through discussions at the Interactive Forums, specialized workshops, and designated task forces, among other collaborative opportunities, NABP members laid the foundation for the development of several tools and resources that would enable the sharing of more comprehensive data to support nonresident pharmacy licensure decisions. As a result, NABP made available an information sharing network, accessed through the secure NABP e-Profile Connect, for boards to access and exchange inspection reports and licensure data for facilities. In addition, the Association established the Verified Pharmacy Program® (VPP®) to assist boards in the process of nonresident licensure.

Further, NABP worked closely with the member boards to create several tools to support board inspection processes, including the Multistate Pharmacy Inspection Blueprint and the universal inspection form. In addition, NABP began providing hands-on inspection training for state inspectors at the request of state boards of pharmacy. The Association has also partnered with CriticalPoint, LLC, to provide sterile compounding training for board compliance officers and has provided opportunities for members to learn about and discuss related issues, such

as federal and state legislative and regulatory developments, at both the Interactive Forums and Annual Meetings. As boards continue to assess what the next leg of this journey holds, this article, the first in a three-part series, retraces the road to improved data access and inspection tools designed to support boards' decision making for nonresident pharmacies.

### NABP Responds to Multistate Outbreak, Launches Information Sharing Network and VPP

Final Centers for Disease Control and Prevention statistics indicate that 17,000 vials of contaminated methylprednisolone acetate injections were distributed by the New England Compounding Center (NECC) and administered to patients in 23 states. As a result, 753 patients were affected by fungal meningitis and other infections, including 64 patient deaths. States with the highest number of fungal meningitis cases and other infections included Michigan (264), Tennessee (153), and Indiana (93).

Immediately following the NECC tragedy, NABP worked with member state boards of pharmacy to analyze the situation. Members identified significant information gaps in the processes for licensing nonresident pharmacies. This analysis informed the development of an information sharing network for boards to share and access inspection, licensing, and disciplinary data with fellow boards of pharmacy in order to have a more complete picture of the data on a given pharmacy to assist with nonresident licensure.

Accessible through NABP e-Profile Connect, authorized board staff can use

data in the information sharing network to process licensure applications. In addition, board staff can upload state inspection reports for other states to view. Although some states are not able to share their pharmacy inspection reports, these boards may still provide the inspection dates for the pharmacies licensed in their states. This information is valuable to share with boards that are receiving applications for licensure from nonresident pharmacies. Through NABP e-Profile Connect, boards also have access to VPP inspection reports and pharmacy e-Profiles.

VPP was developed in response to a call from executive officers attending the 2012 Interactive Executive Officer Forum and assists the boards by providing vital information on nonresident compounding pharmacies. Pharmacies applying to VPP receive an inspection by NABP field staff and a licensure review. VPP inspection reports are uploaded, and verified licensure information is included in a pharmacy's e-Profile. To date, NABP has received over 509 unique VPP applications, which may be accessed through NABP e-Profile Connect. Of the 509 pharmacies:

- 240 pharmacies engage in only nonsterile compounding;
- 49 pharmacies engage in only sterile compounding (one of which is also registered as an outsourcing facility);
- 154 pharmacies engage in both sterile and nonsterile compounding (three of which are also registered as outsourcing facilities);
- 63 pharmacies are general retail or mail-order pharmacies with no compounding; and

- 3 pharmacies are nuclear pharmacies.

VPP benefits from the extensive knowledge and expertise of NABP's field personnel. Utilizing expertise and similar processes garnered from NABP's existing accreditation programs, NABP has performed VPP inspections in 44 member board jurisdictions. Over the last 17 years, NABP has performed more than 18,000 inspections and surveys through its pharmacy accreditation programs. States or boards of pharmacy can recognize VPP or require that nonresident pharmacies apply through VPP when seeking to obtain or renew licensure. As always, determinations regarding a pharmacy's compliance with state laws and regulations remain with the respective board of pharmacy. Allowing all states access to VPP reports helps eliminate duplication of efforts and reduces costs for the boards.

NABP continues to be in close discussions with the state boards of

pharmacy to further develop VPP so that it meets their needs.

### Developing Tools to Support Board Inspections

Having established an online information sharing network for boards to use in sharing nonresident licensure data, NABP then worked with the boards to develop additional tools to support board of pharmacy inspection processes. In January 2015, 42 boards of pharmacy met to create the Multistate Pharmacy Inspection Blueprint, which covers the minimum inspection standards and criteria the state boards of pharmacy agree are necessary for public protection. The blueprint is available to all boards as a tool to use in developing inspection requirements and was developed by the boards of pharmacy to provide a baseline inspection.

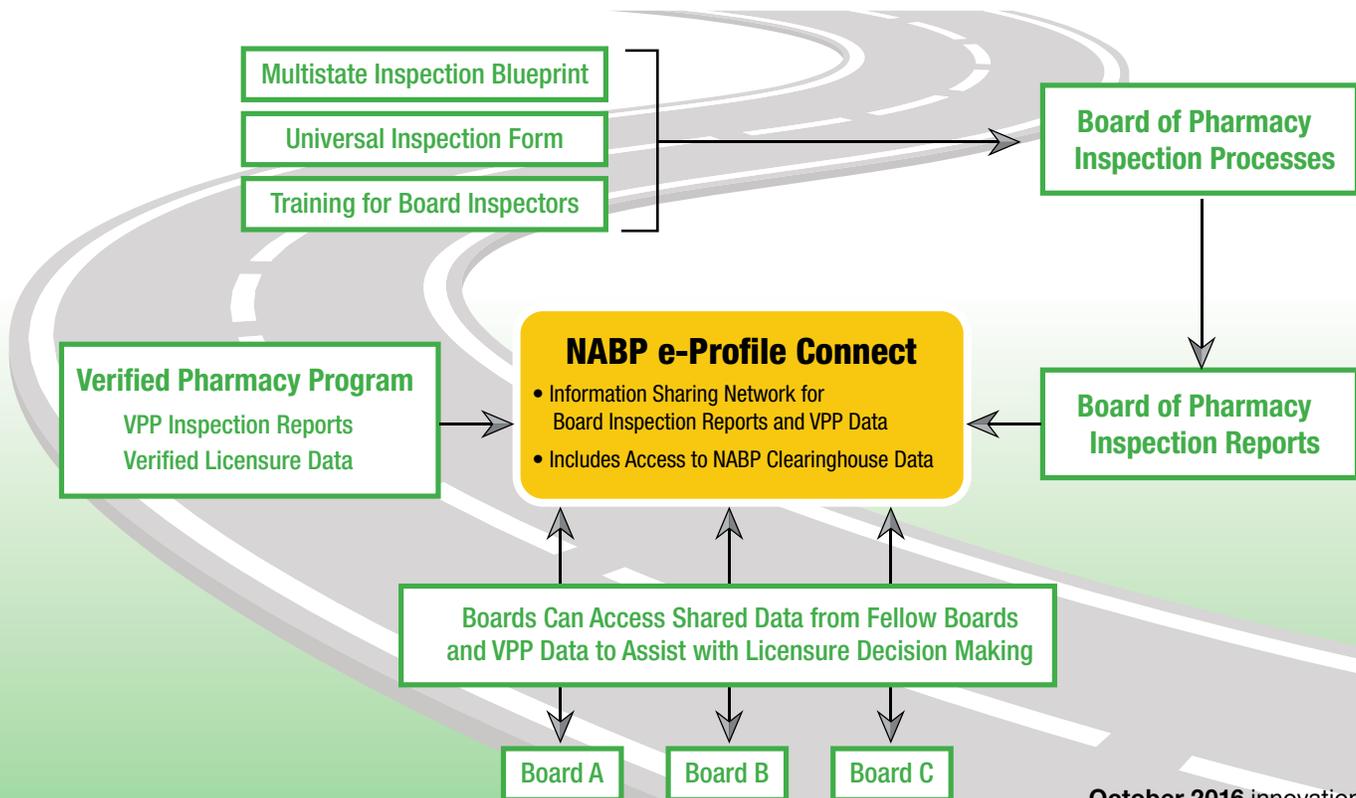
The universal inspection form is intended to provide boards with another tool to

assist in the process of implementing the Inspection Blueprint. States can utilize the universal inspection form as a template and add to the form so that it includes all inspection requirements for their state. In early 2016, a number of state boards have assisted NABP in improving the universal inspection form. For instance, several states recently concluded a pilot inspection program to shed light on how states are utilizing the universal inspection form (the results of this pilot program will be highlighted in a future article of this three-part series).

With the pilot of the universal inspection form now complete, in early 2017, NABP will fully launch the Inspection Blueprint Program. With the guidance of an expert panel of states, NABP will establish a process by which states can be deemed as a "Blueprint state." A state will be considered a "Blueprint state" by nature of utilizing the universal inspection form or by utilizing a state inspection form that meets the blueprint requirements.

continued on page 12

## NABP e-Profile Connect Allows Boards to Access and Share Pharmacy e-Profile and Clearinghouse Data to Support Licensure Decisions



## Retracing the Road

continued from page 11

The Inspection Blueprint Program will also help provide uniform, ongoing training for state inspectors on the blueprint to ensure that not only are inspections assessing similar items, but the inspectors are conducting inspections in a similar manner. More detail around the Inspection Blueprint Program will be highlighted in part three of this article series.

## Sterile Compounding Inspector Training Promotes Safe Practices to Protect Patients

Further paving the way to ensure the safety of compounded medications, NABP utilized VPP processes and inspection forms to provide state inspectors in Idaho, Massachusetts, and Vermont with hands-on inspection training. The training was delivered via both webinars and live on-site training with NABP staff and surveyors. After

participating in a webinar to review the inspection processes and forms, three state inspectors in Idaho were accompanied by an NABP surveyor to perform nonsterile and sterile compounding training inspections at three pharmacies. Similarly, the inspection training in Vermont consisted of a webinar and on-site inspection training of 12 facilities that engage in a variety of activities, including nonsterile compounding and sterile compounding as well as the practice of nuclear pharmacy. Two surveyors accompanied one inspector and the executive director on the 12 inspections in Vermont. The inspection training in Massachusetts consisted of a webinar and on-site training that focused on the practice of nuclear pharmacy. The inspection training provided by VPP inspectors concluded with a follow-up session and a debriefing in each state.

To expand on these efforts of ensuring the safety of compounded medications, NABP partnered with CriticalPoint, LLC, in 2013 to launch the Sterile

Compounding Inspector Training (SCIT) for board inspectors. SCIT provides inspectors with a hands-on experience in a state-of-the-art classroom as well as a functioning physical plant that is compliant with United States Pharmacopeia Chapters <797> and <800>. This training was further expanded in 2016, and the Certification in Sterile Compounding for Inspectors (CISCI) is now available as part of the SCIT program. To date, individuals from 16 boards of pharmacy and various state health departments earned their certification. Details about how boards of pharmacy staff can participate in the next SCIT to earn the CISCI will be available in future issues of *Innovations*.

With use of VPP growing among the states, and boards harmonizing regulations with the federal compounding legislation, the road to improved compounding safety continues to unfold. Specific state efforts and an exploration of where the road may lead will be covered in parts two and three of this article series. ■

### NECC Compounding Tragedy – October 2012

- Contaminated compounded steroid injection distributed to patients in 23 states
- 753 patients affected
- 64 patient deaths

### NABP Information Sharing Network Developed – 2013

- Pharmacy e-Profiles
  - include licensure data & board inspection reports
  - include VPP data
- Accessible through NABP e-Profile Connect

### State Inspection Projects – 2013-2014

- Iowa (over 650 nonresident inspections)
- New Jersey (~ 175 in-state compounding inspections)

### VPP Launch – 2014

- Verified licensure data and NABP inspection report included in each pharmacy e-Profile

### Multistate Inspection Blueprint Developed – 2015

- Includes minimum inspection standards
- Tool for developing board inspection processes

### Universal Inspection Form – 2015-2016

- Assists boards in implementing blueprint
- Several states participate in pilot program

### Inspector Trainings

#### 2015-2016

- Hands-on NABP training for state inspectors in Idaho, Massachusetts, and Vermont

#### 2013-2016

- NABP and CriticalPoint, LLC, offer board training

## Boards of Pharmacy Report 1,135 Disciplinary Actions to NABP Clearinghouse in Second Quarter 2016

During the second quarter of 2016, the state boards of pharmacy reported a total of 1,135 disciplinary actions to the NABP Clearinghouse, including actions taken against pharmacies, pharmacists, pharmacy technicians, wholesalers, pharmacy interns, and other licensees. Of the 1,135 actions taken:

- **502 actions (44.2%) were on pharmacies;**
- **409 actions (36%) were on pharmacists;**
- **165 actions (14.5%) were on pharmacy technicians;**
- **21 actions (1.9%) were on wholesalers;**
- **18 actions (1.6%) were on other licensees;**
- **8 actions (0.7%) were on pharmacy interns;**
- **8 actions (0.7%) were on mail-order pharmacies;**
- **3 actions (0.3%) were on controlled substance licensees; and**
- **1 action (0.1%) was on a manufacturer.**

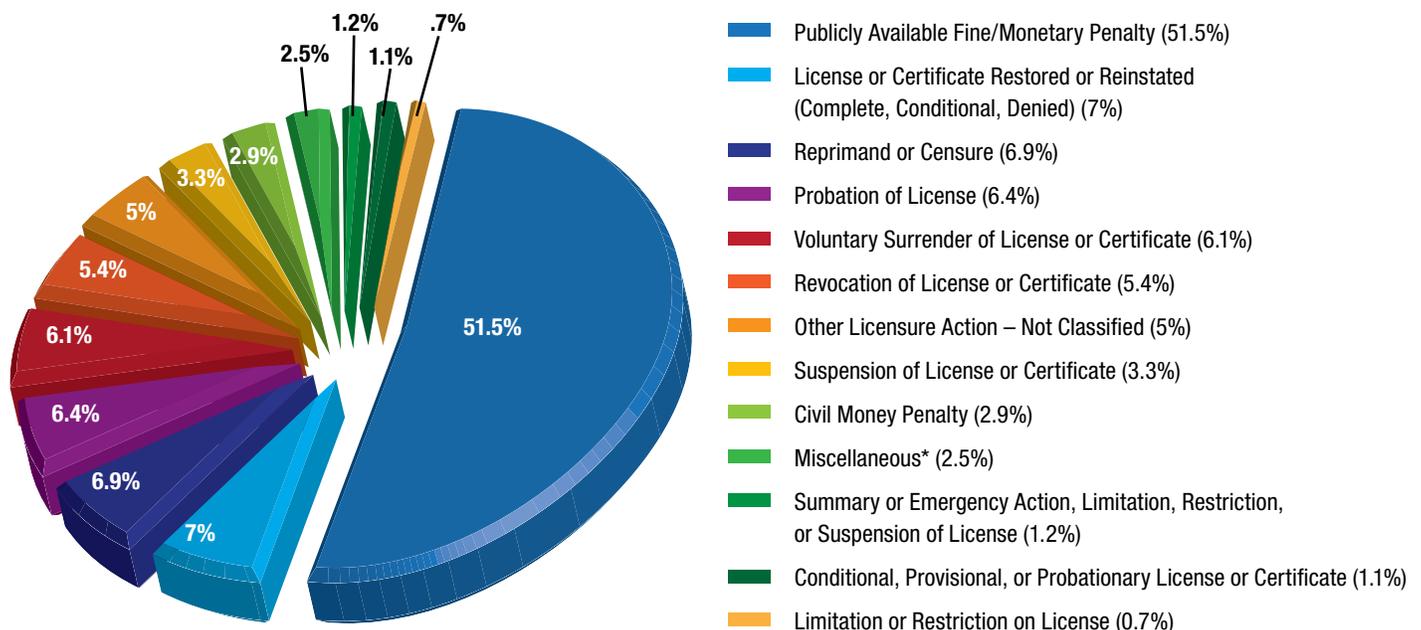
For a full breakdown of the actions taken and the bases for actions taken during the second quarter of 2016, see Figure A below and Figure B on page 14.

### Ensuring Compliance for the Boards

As stated in the NABP Constitution and Bylaws, participation in the NABP Clearinghouse is required as part of a board of pharmacy's membership in the Association. Timely reporting to the NABP Clearinghouse is essential to maintaining the integrity of the licensure transfer program. In addition, NABP encourages all boards to designate NABP as their reporting agent to the National Practitioner Data Bank (NPDB). By doing so, boards are able to free up valuable resources and staff time to focus on other board matters. To date, 33 boards of pharmacy have designated NABP as a reporting agent, allowing the Association to transmit all required records to NPDB and provide feedback on NPDB rejected or accepted data. In addition, monthly Clearinghouse reports are available for the boards in NABP e-Profile Connect.

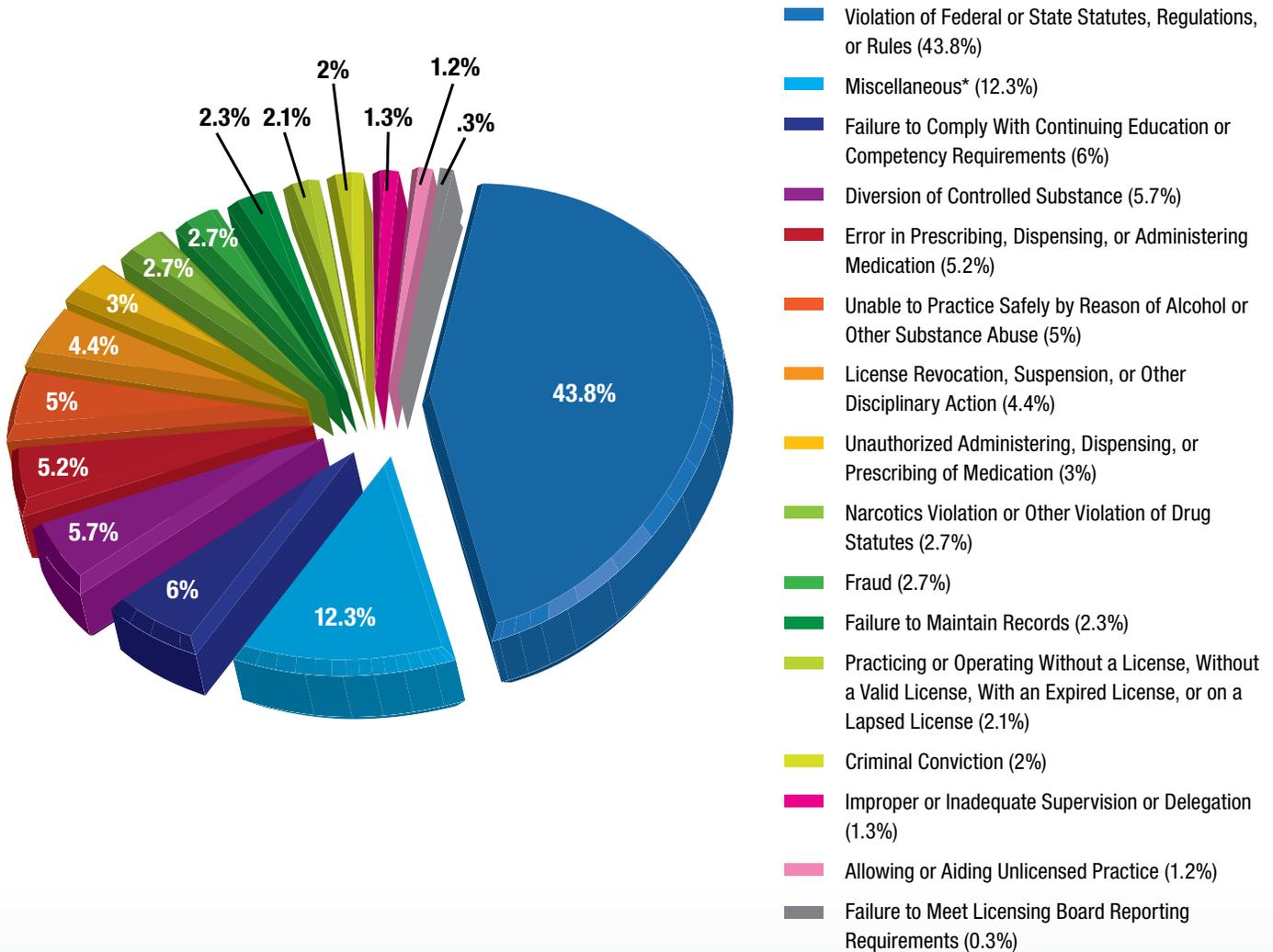
Additional information about the NABP Clearinghouse, including how to designate NABP as a reporting agent for NPDB, is available in the Member Services section on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

**Figure A: Disciplinary Actions Reported During Second Quarter 2016**



\*The miscellaneous category includes closure of facility; denial of initial license or certificate; directed in-service training; directed plan of correction; extension of previous licensure action; interim action – agreement to refrain from practice during investigation; modification of previous licensure action; on-site monitoring; publicly available negative action or finding; and reduction of previous licensure action.

**Figure B: Bases for Disciplinary Actions Reported During Second Quarter 2016**



\*The miscellaneous category includes breach of confidentiality; conduct evidencing ethical unfitness; conduct evidencing moral unfitness; deferred adjudication; diverted conviction; drug screening violation; expired drugs in inventory; failure to comply with patient consultation requirements; failure to cooperate with board investigation; failure to maintain supplies/missing or inadequate supplies; failure to meet the initial requirements of a license; failure to pay child support/delinquent child support; immediate threat to health or safety; inadequate security for controlled substances; lack of appropriately qualified professionals; misappropriation of patient property or other property; misbranding drug labels/lack of required labeling on drugs; negligence; nonsexual dual relationship or boundary violation; other disciplinary action – not classified; other unprofessional conduct; practicing beyond the scope of practice; sexual misconduct; substandard or inadequate skill level; unable to practice safely; unable to practice safely by reason of physical illness or impairment; unable to practice safely due to psychological impairment or mental disorder; and violation of or failure to comply with licensing board order.

## NABP Calls for Nominations for 2017 Awards; Recipients Will Be Announced at the 113<sup>th</sup> Annual Meeting in Orlando

NABP is accepting nominations for its 2017 Awards, which recognize individuals or boards of pharmacy that represent the Association's mission to protect the public health. The awards will be presented during the 113<sup>th</sup> Annual Meeting, to be held May 20-23, 2017, at the Hyatt Regency Orlando in Orlando, FL. The awards that nominations are being accepted for are as follows:

### Lester E. Hosto DSA

The Lester E. Hosto Distinguished Service Award (DSA) recognizes those individuals whose efforts to protect the public health greatly furthered the goals and objectives of NABP. Any individual who meets these criteria may be nominated for the DSA, regardless of his or her member affiliation with NABP.

Originally known as the Distinguished Service Award, the Lester E. Hosto DSA is the highest honor bestowed by the Association. NABP renamed the award to serve as a memorial to the 1990-1991 NABP President Lester E. Hosto, whose motivating presence in the practice of pharmacy was recognized by practitioners of his state, Arkansas, as well as by pharmacy leaders across the nation and former United States President Bill Clinton.

### Honorary President

To be considered for the position of honorary president, nominees must meet the following criteria:

- service on one or more NABP committee or task force;
- participation in NABP/American Association of Colleges of Pharmacy District Meetings and NABP Annual Meetings;
- exemplary services for, or on behalf of, NABP;
- strong commitment to NABP, the mission of the Association to protect the public health, and the practice of pharmacy; and
- affiliation (either current or past) as a board member or as an administrative officer of an active or associate member board.

Individuals submitting nominations for honorary president must be from an active or associate member board.

### Fred T. Mahaffey Award

The award recognizes boards of pharmacy that have made substantial contributions to the regulation of the practice of pharmacy over the past year.

Boards considered for this award must have contributed to protecting the public health and welfare through the enforcement of state and federal laws and regulations and to the advancement of NABP goals and objectives as specified in the Association's Constitution and Bylaws.

This award is named after the late NABP Executive Director Emeritus Fred

T. Mahaffey, who held the executive director position from 1962 to 1987. His leadership and contributions to NABP, state boards of pharmacy, and the protection of the public health were significant and established NABP as one of the leading pharmacy organizations.

### John F. Atkinson Service Award

Recipients of the John F. Atkinson Service Award are individuals who have provided NABP with exemplary service in protecting the public health and have shown significant involvement with the Association related to pharmacy law and compliance. This award is named in honor of former NABP General Counsel John F. Atkinson, who served the Association for over 40 years.

### Submitting Nominations

To submit a nomination for any of the aforementioned awards, individuals are asked to complete a nomination form, which may be accessed by visiting the Annual Meetings section of the NABP website. Instructions for electronic and hard copy submission of the fillable PDF are provided on the online form. Nominations must be received no later than December 31, 2016. The NABP Executive Committee will review the nominations and select the honorary president and award recipients.

For more information, please contact the NABP Executive Office via email at [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy). ■

## Henry Cade Memorial Award

In addition to the Lester E. Hosto DSA, NABP Honorary President, Fred T. Mahaffey Award, and John F. Atkinson Service Award, NABP also will present the 2017 Henry Cade Memorial Award during the Annual Meeting. The

NABP Executive Committee selects recipients for this award who have supported the goals and objectives of the Association and the state boards of pharmacy to protect the public health and advanced the need to maintain the safety and integrity of the distribution and dispensing of medications. **Nominations are not accepted for this award.**

The Henry Cade Memorial Award is named in honor of the late Henry Cade, who served as NABP president from 1987 to 1988. Tireless in his efforts on behalf of NABP and the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy, Cade was also a long-time pharmacy practitioner. ■

## .Pharmacy Executive Board Meets to Address Strategies and Standards Related to the TLD Program

Matters of strategy and national and international standards related to the .Pharmacy Top-Level Domain (TLD) program were addressed during the .Pharmacy Executive Board meeting on July 7, 2016, at NABP Headquarters. Board members made recommendations relating to .pharmacy domain name registrations; professional, consumer, and customer outreach efforts; international partnerships; and program initiatives.

The .Pharmacy Executive Board reviewed the recommendations made by the .Pharmacy Regulator Advisory Committee and the .Pharmacy Registrant/Supporter Advisory Committee and made additional recommendations that are pending approval by the NABP Executive Committee.

### .Pharmacy Registration Trends

During the meeting, NABP provided the .Pharmacy Executive Board with an overview on the number of .pharmacy domain names registered since the program's launch. The .Pharmacy Executive Board discussed various means of assessing how .pharmacy registrants are using their domains and trends in adoption of the domain. Since the program's launch, NABP has granted approval for 404 domain names and 243 have been registered, including 182 pharmacies, 38 boards of pharmacy and regulatory agencies, 11 resource sites, seven professional sites, three manufacturers, and two schools and colleges of pharmacy. Of these registered domain names, 114 are actively in use either as a primary domain or a redirect to the registrants' previously existing site, or mask another domain name with .pharmacy, including 65 pharmacies, 31 boards of pharmacy and regulatory agencies, nine resource sites, seven

professional sites, and two schools and colleges of pharmacy.

### Outreach Efforts

Also during the meeting, NABP staff shared its latest public outreach activities with the Executive Board. NABP staff showed board members the digital banner ads and out-of-home (OOH) ads released in June and July 2016, respectively, to promote .pharmacy to consumers. The digital banner ads are displayed to internet users searching online for key words likely to prompt results for rogue internet drug outlets. The OOH ads/posters have been displayed in public areas including buses, taxicabs, trains, transit shelters, and shopping malls. Staff also updated the Board on the continued success of the television and radio public service announcements. Board members made suggestions on leveraging the various consumer outreach materials to engage with registrants and other stakeholders. NABP staff is working on implementing these ideas.

### SEO and .Pharmacy

To address issues such as enhancing search engine optimization (SEO) and raising consumer awareness, the Executive Board advised NABP to continue working with other verified TLD registry operators. The Executive Board further recommended that NABP continue conversations with popular search engines to stimulate their interest in the .Pharmacy TLD Program. The objective of such discussions is for search engines to recognize .pharmacy as a mechanism to screen advertisers and as an indicator of high-quality content deserving of priority ranking in organic search results. Since that time, both Bing and Yahoo! have revised their advertising policies to recognize .pharmacy applicants.



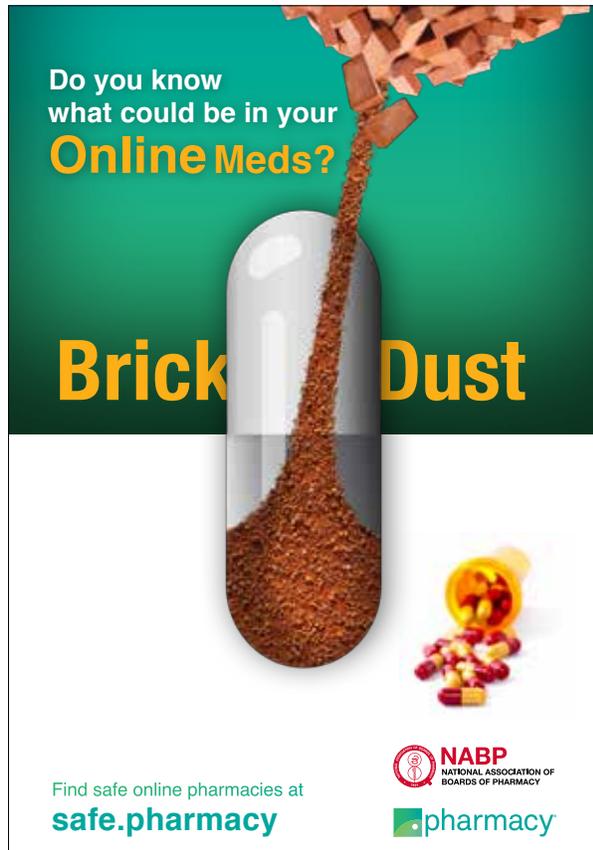
### Program Initiatives

NABP staff also reported on its activities that took place in 2016. These activities included a meeting with the National Intellectual Property Rights Coordination Center in Washington, DC; a speaking engagement and exhibition booth at the Canadian Pharmacists Conference in Calgary,

“Also during the meeting, NABP staff shared its latest public outreach activities with the Executive Board.”

Alberta, Canada; presenting an exhibition booth at the McKesson ideaShare conference in Chicago, IL; and participation on a panel discussion at the Domain Name Association Healthy Domains Initiative meeting, which took place during the Global Domains Division Industry Summit in Amsterdam, Netherlands.

The Executive Board also discussed the approval process for non-United States internet pharmacies. The Executive Board discussed recognizing an internet pharmacy's approval by a foreign regulatory body as meeting certain requirements necessary to obtain a .pharmacy domain name. The European Commission's common logo for legally operating online pharmacies and retailers is one example that was considered. Board members discussed the possibility of developing a new program standard addressing



(Above) Pictured are out-of-home (OOH) ads that were released in July 2016 to promote .pharmacy to consumers and show what dangerous products could be hiding in their online medications. The OOH ads were featured on buses, taxicabs, trains, transit shelters, and shopping mall kiosks.

this issue. Considerations included the requirements for foreign approval and how they compare to the .pharmacy standards. Board members discussed what additional measures NABP would have to take to ensure the safety and validity of a pharmacy approved by a foreign

regulatory body and what type of relationship NABP would need to have with the country's regulators.

Lastly, board members indicated that NABP may want to prioritize efforts in the US above establishing relationships in other countries.

Previous reports of the .Pharmacy Executive Board can be found online in the Publications and Reports section of NABP's website at [www.nabp.pharmacy](http://www.nabp.pharmacy). Additional details about the .Pharmacy TLD Program, including a list of approved .pharmacy sites, are available at [www.safe.pharmacy](http://www.safe.pharmacy). ■



**Newly Accredited DMEPOS Facility**

The following facility was accredited through the durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) program:

**Steigner Pharmacy**  
Patterson, NJ

A full listing of nearly 450 accredited DMEPOS companies representing almost 28,500 facilities is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

## NABP Seeks Volunteers to Serve on ACE to Safeguard the Integrity and Validity of Examinations

Individuals interested in serving on the NABP Advisory Committee on Examinations (ACE) are invited to submit a letter of interest to NABP. Established by the Association in 1912, the standing committee was created to safeguard the integrity and validity of NABP examinations.

ACE typically convenes two to three times per year to oversee the development and administration of all NABP examination and certification programs. In addition, ACE considers policy matters, evaluates long-range planning strategies, and recommends appropriate action to the NABP Executive Committee.

To be considered for ACE, an individual must hold an active, unrestricted pharmacist license in any state or territory of the United States and meet at least one of the following requirements:

- Be a member or administrative officer of an active member board of pharmacy,
- Have served within the last five years as a member or administrative officer of an active member board of pharmacy,
- Be a practicing pharmacist, or
- Serve as pharmacy school faculty.

Open positions on ACE are determined by the current composition of the committee and in accordance with NABP policy. Each ACE appointment is for a three-year term beginning June 1, 2017.

Interested individuals are asked to submit a written statement of interest and a current résumé or curriculum vitae to NABP Executive Director/Secretary Carmen A. Catizone at NABP Headquarters, 1600 Feehanville Drive, Mount Prospect, IL 60056, or via email to [ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy) no later than December 31, 2016.

Please contact the NABP Competency Assessment department at [CompAssess@nabp.pharmacy](mailto:CompAssess@nabp.pharmacy) with any questions regarding ACE. ■



## Fall PARE Testing Window Coming Soon

Created to assist boards as part of their decision-making process when considering cases of remediation or brief departures from practice, the Pharmacist Assessment for Remediation Evaluation® (PARE®) will be offered from **November 29 to December 10, 2016**. Boards of pharmacy have the option to administer the examination remotely. NABP has contracted with a remote proctoring organization, facilitating a secure, proctored test session for the PARE.

To pre-register an individual for the fall PARE testing window, boards of pharmacy may use the NABP Clearinghouse via NABP e-Profile Connect, or they may contact the NABP Competency Assessment department via email at [CompAssess@nabp.pharmacy](mailto:CompAssess@nabp.pharmacy).

More information about PARE may be found in the Programs section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■

### PARE Highlights

- Web-based assessment
- Administration options:
  - Board office, or
  - Remote-proctored designed site, including at candidate's home or office paid by the examinee.
- Remote proctoring fees are required by the examinee.
- Register candidate via the NABP Clearinghouse or email.
- NABP sends the boards the *PARE Board of Pharmacy Administration Guide*. Examinees can also download the handbook on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).



### 2017 PARE Testing Windows

- **February 13-24**
- **June 5-16**
- **September 12-22**
- **December 5-16**

## Security Roundtable Provides Members Opportunity to Discuss New Threats, Best Practices for Exam Security

As new threats develop that might compromise the integrity of an examination, test developers are faced with devoting time and attention to the challenges relating to test security. On August 5, 2016, NABP hosted the Security Roundtable meeting, which provided the opportunity for other organizations that administer high-stakes examinations and stakeholders to discuss and share experiences affecting examination security.

During the August 5 meeting, members participated in brainstorming sessions to review specific exam security cases and share how they handled the situation.

In addition, participants exchanged tips for secure examination development, provided information about their testing vendors, and discussed new developing security threats that might compromise the integrity of an examination.

Established in 2009, the Security Roundtable is made up of organizations from a variety of disciplines and has met regularly to discuss security issues of mutual concern. The roundtable provides an opportunity to confidentially discuss threats to examination security, share resources for security threats, and work toward establishing best practices for examination security.

Members of the Security Roundtable include such organizations as the American Board of Internal Medicine, Association of American Medical Colleges, CFA Institute, Federation of State Boards of Physical Therapy, Financial Industry Regulatory Authority, Graduate Management Admission Council, Law School Admission Council, National Board of Medical Examiners, National Conference of Bar Examiners, and National Council of Examiners for Engineering and Surveying.

NABP is privileged to participate in and contribute to the efforts of the Security Roundtable. ■

## New Hampshire Board of Pharmacy Wins Survey of Pharmacy Law Luncheon Drawing

NABP would like to congratulate the New Hampshire Board of Pharmacy for winning the 2017 *Survey of Pharmacy Law* Luncheon Drawing. The Board was awarded \$175 toward a Board staff luncheon for returning updates to the *Survey* by the July 20 deadline. These important updates are requested annually by NABP from all boards of pharmacy for inclusion into each updated issue of the *Survey*. NABP would like to thank all boards for their participation, which makes the publication a valuable resource for many.

Revised and published each December, the *Survey of Pharmacy Law* serves as a convenient reference source for individuals seeking an overview of laws and regulations that govern pharmacy practice in 53 jurisdictions. For more information about the *Survey*, visit the Publications and Reports section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy). ■



### Newly Accredited VAWD Facilities

The following facilities were accredited through the NABP Verified-Accredited Wholesale Distributors® (VAWD®) program:

#### **AmerisourceBergen Drug Corporation**

Lockbourne, OH  
Olive Branch, MS  
Whitestown, IN

#### **Ceva Animal Health, LLC**

Kansas City, MO

#### **Kuehne + Nagel, Inc**

Indianapolis, IN

#### **Rx Reverse Distributors, Inc**

Sebastian, FL

A full listing of more than 560 accredited VAWD facilities is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

## Two States Go Live With NABP PMP InterConnect

The Massachusetts Prescription Monitoring Program and the Texas Prescription Monitoring Program have deployed NABP PMP InterConnect®, bringing the total number of live participating state prescription monitoring programs (PMPs) to 35. Massachusetts and Texas join PMPs in Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

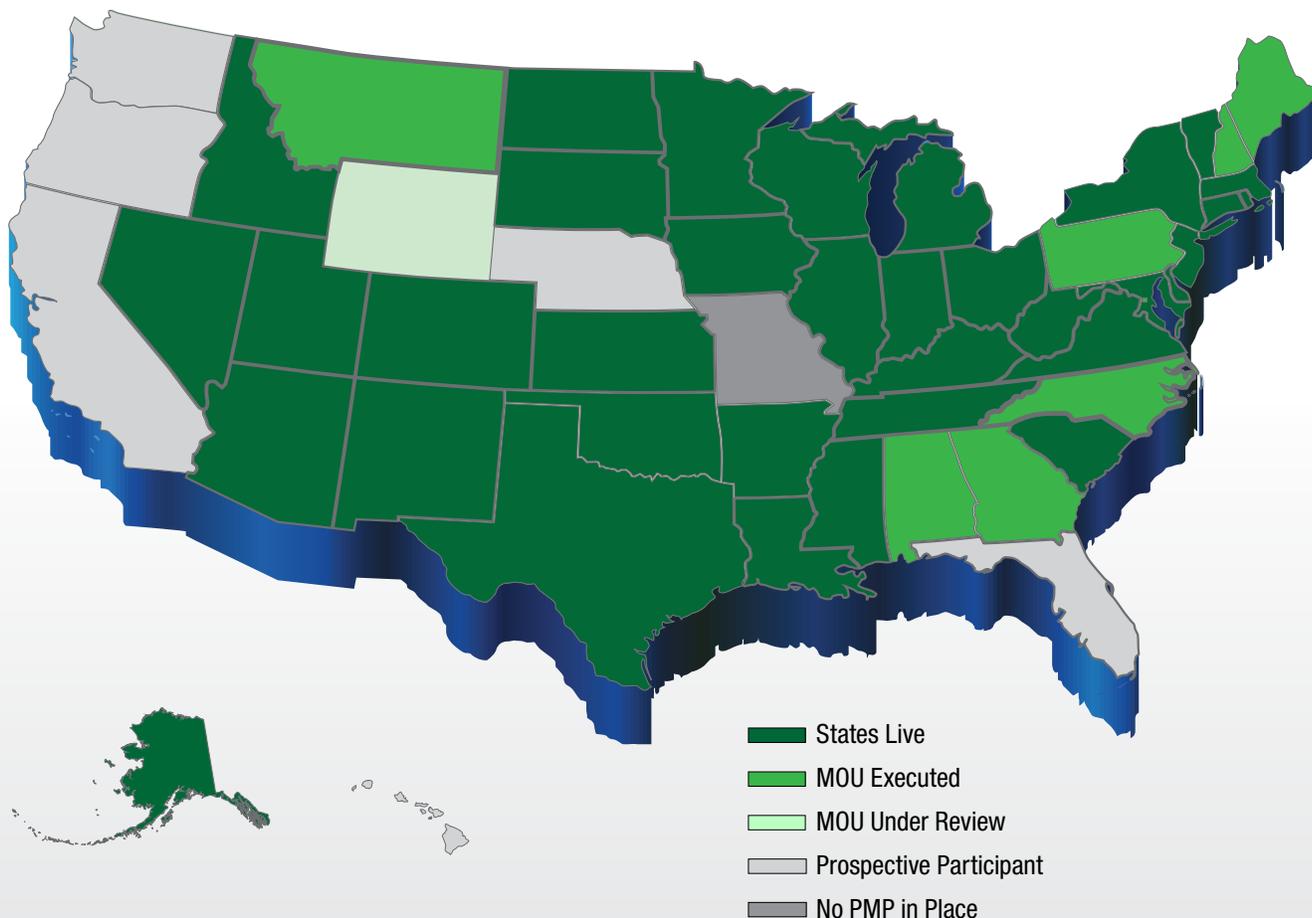
NABP continues to work with other states to facilitate their participation in the program. To date, eight more states and/or jurisdictions have executed a memorandum of understanding (MOU) with the Association and plan to be connected to PMP InterConnect in 2016: Alabama, District of Columbia, Georgia, Maine, Montana, New Hampshire, North Carolina, and Pennsylvania. In addition, Wyoming has an MOU under review. In all, approximately 45 states will either be connected to or working toward a connection to PMP InterConnect in 2016. For an overview of the program's



participants, refer to the PMP map below.

PMP InterConnect is a highly secure communications exchange platform that facilitates the transmission of PMP data across state lines to authorized PMP users, while ensuring that each state's data-access rules are enforced. Additional information about PMP InterConnect is available in the Initiatives section of the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

### PMP InterConnect State Participation Overview



## NABP's Website Redesigned; Emails Updated With .Pharmacy Domain

In late September 2016, NABP launched its newly designed website at [www.nabp.pharmacy](http://www.nabp.pharmacy). At the same time, NABP also updated its email addresses with the .pharmacy domain.

In addition, several of NABP's emails were updated to help make them more user-friendly. For example, the following commonly used emails were updated:

- Customer Service:  
[help@nabp.pharmacy](mailto:help@nabp.pharmacy)
- Executive Office:  
[ExecOffice@nabp.pharmacy](mailto:ExecOffice@nabp.pharmacy)
- Competency Assessment:  
[CompAssess@nabp.pharmacy](mailto:CompAssess@nabp.pharmacy)

Please update your records accordingly. Emails sent to the old .net email extension will be forwarded for a period of time to ensure there is no lapse in communication between NABP and its members, customers, and other key stakeholders.

The website's navigation has also been revamped to make it easier for users to quickly locate information. Some key changes to the site's organization include:

- CPE Monitor® is now a stand-alone item in the main navigation.
- The Publications and Reports section includes all NABP documents, eg,

*The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy, committee and task force reports, program committee reports, and papers issued jointly with other organizations.*

- PDFs of state newsletters are now conveniently located on their respective state page in the Boards of Pharmacy section.
- An Initiatives section features programs such as NABP PMP InterConnect® and the .Pharmacy Top-Level Domain Program. ■

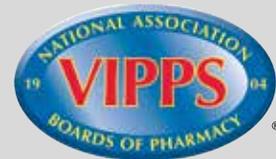
## Around the Association

### Board Member Appointments

- **Lana Bell, RPh**, has been appointed a member of the Alaska Board of Pharmacy. Bell's appointment will expire March 1, 2018.
- **Douglas Skvarla, RPh**, has been appointed a member of the Arizona State Board of Pharmacy. Skvarla's appointment will expire January 16, 2017.
- **Deborah Mack, RPh**, has been appointed a member of the Arkansas State Board of Pharmacy. Mack's appointment will expire June 30, 2021.
- **Rachael DeBarmore, RPh**, has been appointed a member of the Oregon State Board of Pharmacy. DeBarmore's appointment will expire June 30, 2020.

### Board Member Reappointments

- **Amy Gutierrez, PharmD**, has been reappointed a member of the California State Board of Pharmacy. Gutierrez's appointment will expire June 1, 2018. ■



### Newly Accredited VIPPS Facilities

The following internet pharmacies were accredited through the NABP Verified Internet Pharmacy Practice Sites® (VIPPS®) program:

**Good Health, Inc, dba Premier Pharmacy Services**  
[www.premierpharmacyservices.com](http://www.premierpharmacyservices.com)

**Med-Care Diabetic & Medical Supplies, Inc**  
[www.medcareinc.com](http://www.medcareinc.com)

A full listing of the accredited VIPPS pharmacy sites representing more than 12,000 pharmacies is available on the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).

## FDA Provides Training Video on the Improved REMS Website

Food and Drug Administration Drug Info Rounds, a series of online videos, provides important and timely drug information to practicing clinical and community pharmacists so they can help patients make better decisions. In the June 2016 Drug Info Rounds video, "REMS@FDA Tutorial," pharmacists discuss the new Risk Evaluation and Mitigation Strategy (REMS) website, REMS@FDA, which is available at [www.fda.gov/remis](http://www.fda.gov/remis). Drug Info Rounds is developed with contributions from pharmacists in FDA's Center for Drug Evaluation and Research, Office of Communications, Division of Drug Information. All Drug Info Rounds videos can be viewed on the FDA website at [www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm](http://www.fda.gov/Drugs/ResourcesForYou/HealthProfessionals/ucm211957.htm).

## Hospira Recalls One Lot of Bupivacaine Hydrochloride Injection, USP

In August 2016, Hospira, Inc, of Lake Forest, IL, voluntarily recalled one lot of 0.25% bupivacaine hydrochloride injection, USP due to the presence of particulate matter within a single vial. The issue was identified through a confirmed complaint. The recall affects National Drug Code number 0409-1159-02 and lot number 59-064-DK with the expiry date of November 1, 2017. The lot was distributed nationwide in the United States to wholesalers and hospitals between December 2015 and January 2016. The product is packaged as 50 units of 30 mL single-use tear-top vials per case (25 bottles per tray, two trays per case). Anyone with an existing inventory of the recalled lot should stop use and distribution and quarantine the product immediately. To date, Hospira has not received reports of any adverse events associated with the recall, indicates the press release posted to FDA's website at [www.fda.gov/Safety/Recalls/ucm515199.htm](http://www.fda.gov/Safety/Recalls/ucm515199.htm).

## Teva Pharmaceuticals Recalls Seven Lots of Amikacin Sulfate Injection, USP

In August 2016, Teva Pharmaceuticals of North Wales, PA, recalled seven lots of amikacin sulfate

injection, USP, 500 mg/2 mL (250 mg/mL) and 1 gram/4 mL (250 mg/mL) vials because of the potential for the presence of glass particulate matter. Amikacin sulfate injection 250 mg/mL, 2 mL and 4 mL vials were distributed nationwide through wholesalers, retailers, and pharmacies. The specific lot numbers, expiration dates, and National Drug Code numbers can be found in the recall alert posted to FDA's website, which is available at [www.fda.gov/Safety/Recalls/ucm514656.htm](http://www.fda.gov/Safety/Recalls/ucm514656.htm).

To date, Teva has not received any reports of adverse events or complaints related to this recall. Anyone with an existing inventory of the recalled lots should stop use and distribution and quarantine the product immediately.

## Texas Compounding Pharmacy Recalls Two Products Over Sterility Assurance Concerns

In July 2016, Talon Compounding Pharmacy of San Antonio, TX, recalled all lots of two of its sterile-compounded products due to FDA's concerns over a lack of sterility assurance. The lots affected are lyophilized human chorionic gonadotropin and sermorelin that Talon Compounding aseptically compounded and packaged. The products were distributed to patients and providers nationwide between January 18 and July 18, 2016. The recalled lots were used for a variety of indications and were packaged in 10 mL amber glass vials bearing a label containing the name and strength of the drug, the lot number, and the beyond-use date. The vials were shipped in zippered plastic bags bearing the patient name, date, directions for use, prescription number, lot number of the dispensed medication, beyond-use date, vial size, prescriber name, and pharmacy name, address, phone number, and logo.

Neither FDA nor the company has received adverse effects reports from use of these products. Patients and health care providers are asked to contact Talon Compounding Pharmacy and discontinue use of the products immediately. Additional details are available on FDA's website at [www.fda.gov/Safety/Recalls/ucm512680.htm](http://www.fda.gov/Safety/Recalls/ucm512680.htm). ■

Health care providers and patients are encouraged to report adverse events or quality problems to FDA's MedWatch Safety Information and Adverse Event Reporting Program at [www.fda.gov/MedWatch](http://www.fda.gov/MedWatch).

## Arizona Implements Legislation Affecting Pharmacy Practice

The Arizona State Board of Pharmacy reported the following 2016 legislative changes that affect the practice of pharmacy.

House Bill (HB) 2109: Licensure removes the requirement that a pharmacist licensed in another jurisdiction hold the license in good standing for at least one year before being eligible to receive a license in Arizona without a pharmacist licensure examination. In addition, the law requires an applicant for initial licensure apply for a fingerprint clearance card instead of submitting fingerprints for a criminal background check.

Senate Bill (SB) 1112: Pharmacists; Scope of Practice expands the immunizations or vaccines that a licensed pharmacist may administer.

HB 2355: Opioid Antagonists; Prescription; Dispensing; Administration allows a pharmacist to dispense naloxone hydrochloride (naloxone) without a prescription to a person at risk of experiencing an opioid-related overdose or a family member or community member in a position to assist that person. The bill also allows a physician, licensed nurse practitioner, or any other health professional who has prescribing authority to prescribe and dispense naloxone to a person at risk, a family member in a position to assist a person at risk, a community organization that provides services to persons at risk, or to any other person who is in a position to assist persons at risk.

For detailed information on the bills, visit [www.azleg.gov](http://www.azleg.gov).

## North Carolina Amends Rules Governing Clinical Pharmacists

The North Carolina Board of Pharmacy and North Carolina Medical Board recently collaborated on a series of changes to the rules governing clinical pharmacist practitioners (CPPs)

(21 NCAC 46.3101). The primary aims of the amendments are to:

- (1) Transfer primary administrative responsibility for CPP application, renewal, and monitoring to the Board of Pharmacy;
- (2) Bring supervising physician consulting and oversight responsibilities in line with those for nurse practitioners and physician assistants; and
- (3) Allow CPPs to designate “primary” and “back-up” supervising physicians, which the Board of Pharmacy notes is particularly helpful for CPPs who service patients in a group practice.

## Washington State Passes Prescription Donation and Dispensing Laws

The 2016 Washington State Legislature sessions resulted in several changes that affect pharmacy. The following bills are effective on January 1, 2017.

Engrossed Substitute HB 2458 – Concerning Prescription Donation Program allows a patient or representative to donate certain prescriptions and supplies to a pharmacy for redistribution free to other uninsured patients. Donations are limited to those with a time temperature indicator.

HB 2681 – Authorizing Pharmacists to Prescribe and Dispense Contraceptives requires the Washington State Pharmacy Quality Assurance Commission to create a sticker or sign to be displayed at a pharmacy indicating the ability to modify or initiate self-administered contraception. Pharmacists have already been able to prescribe or dispense contraceptives if they have a collaborative drug therapy agreement with a prescriber. The Commission notes that the sticker will increase the awareness of the availability of this service.

More information is available at [www.leg.wa.gov](http://www.leg.wa.gov) under Find Bills. Laws that require rulemaking are available on the Commission’s website at [www.doh](http://www.doh)

[.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Pharmacist](http://www.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Pharmacist).

## Louisiana Amends the State’s PMP, CS, and Naloxone Laws

The following laws addressing Louisiana’s prescription monitoring program (PMP), controlled substances (CS), and naloxone dispensing were updated by the Louisiana Legislature.

SB 56 amends the state’s PMP law to allow the Louisiana Board of Pharmacy to establish standards for the retention, archiving, and destruction of prescription transaction information stored in the program’s database. The governor signed the bill into law as Act 189, with an effective date of August 1, 2016.

Act 192 amends the state CS law to provide an additional exception to the dispensing limitation on prescriptions for opiate derivatives listed in Schedules II or III when prescribed by practitioners not licensed in Louisiana. The 2016 law notes that if a practitioner indicates a diagnosis of cancer or terminal illness on a prescription for an opiate derivative listed in either Schedule II or III, then the dispensing limitation shall not apply. The governor signed this bill with an immediate effective date of May 26, 2016.

Act 370 amends the law governing the dispensing of naloxone for the third year in a row. Although the bill was made effective immediately when the governor signed it on June 5, the legislation requires the Board to develop rules to fully implement this new law. When promulgated, the rule will allow a pharmacist to dispense naloxone or another opioid antagonist to anyone pursuant to a non-patient-specific standing order.

More details on these law updates are available in the July 2016 Louisiana Board of Pharmacy *Newsletter*, available on the board’s contact page in the Boards of Pharmacy section of the NABP website. ■



# INNOVATIONS

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First Class  
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Schaumburg, IL 60173

## UPCOMING EVENTS

### **Task Force on Expanding International Membership**

November 8-9, 2016  
Rosemont, IL

### **PARE Administration**

November 29-December 10, 2016

### **NABP Interactive Member Forum**

November 30-December 1, 2016  
Rosemont, IL

### **Task Force on the Pharmacist Integrated Communication Skills Examination**

December 13-14, 2016  
Rosemont, IL